

## Dillsburg Youth Baseball 2016 Player Registration Form



Division	
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	Player First Name	Player Last Name
Name		
Address 1		
Address 2		
City, State, Zip		
Home Phone	(     )	
E-mail		
Birth Certificate #		
School Name		Grade Level
<b>Does your son or daughter play travel ball? Yes / No (circle one)</b>		

Birth Date	
Gender	
Age	
Fee Paid	
How Paid	
Shirt Size	
Pant Size	

Mother or Guardian (Please circle)				
Name			Volunteer	Yes / No
Home Phone	(     )		If Yes, complete "Volunteer Application"	
Work Phone	(     )			
Cell Phone	(     )	Cell Carrier		
E-mail				Receive DYB e-mails? Yes / No

Father or Guardian (Please circle)				
Name			Volunteer	Yes / No
Home Phone	(     )		If Yes, complete "Volunteer Application"	
Work Phone	(     )			
Cell Phone	(     )	Cell Carrier		
E-mail				Receive DYB e-mails? Yes / No

Emergency Contact Information				
Contact Name		Contact Phone		Relationship
Preferred Hospital		Doctor		Dr. Phone

1. I/We, the parents/guardians of the above-named candidate for a position on a Little League team, hereby give my/our approval to participate in any and all Little League Activities, including transportation to and from the activities. We also acknowledge that my child's image may be used in videos and on DYB's social media channels.
2. I/We know that participation in baseball or softball may result in serious injuries and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify, and agree to hold harmless the Local Little League, Little League Baseball, Incorporated, the organizers, sponsors, supervisors, participants, and persons transporting my/our child to and from activities from any claim arising out of any injury to my/our child whether the result of negligence or for any other cause.
3. I/We agree to return upon request the uniform and other equipment issued to my/our child in as good conditions as when received except for normal wear and tear.
4. I/We agree that my/our child (candidate) may be required to try out for a team. If such does not attend at least 50 percent of tryouts, local Board- of-Directors' approval is required for such candidate to be placed on a team.
5. I/We understand that my/our child (candidate) may be chosen at any time to play on a Major Division team, if he or she is of the correct age for such division as determined by the local league and Little League Baseball. Declining to move up to such Major Division team will result in forfeiture of eligibility for the Major Division for the concurrent season, and may be subject to further restrictions by the local league.
6. I/We agree to provide proof of legal residence (as defined by Little League Baseball, Incorporated) and age. I/We understand that my/our child (candidate) must be eligible under the residence and age regulations of Little League Baseball, Incorporated, to participate in this Local League, and that if any controversy arises regarding residence and/or age, the decision of the Charter Committee in Williamsport shall be final and binding. I/We further understand that if any participant on a Little League team does not qualify for participation in the league based on residence (as defined by Little League Baseball, Incorporated) and/or age, such participant and/or team on which he/she participates be found ineligible, and forfeit(s) and/or suspension of Tournament privileges may be decreed by action of the Charter Committee or Tournament Committee.
7. I/We will furnish a certified birth certificate of the above-named candidate to League Officials.
8. Refund Policy: DYB offers a 100% refund for all requests received prior to January 6th, 2016. There will be no refunds after January 7th, 2016.

Parent/Guardian \_\_\_\_\_  
Number of Raffle Tickets \_\_\_\_\_

Date \_\_\_\_\_  
Ticket Numbers \_\_\_\_\_