



Westford Youth Baseball & Softball League Spring 2010 Baseball/Softball Registration Form

REGISTRATION PERIOD: December 1, 2009 – March 15, 2010

**** Season is April 24 - June 19, 2010 ****

1. Child & Parent/Guardian Information (one form per player)

Child's Name	Date of Birth <small>[COPY OF BIRTH CERT. REQUIRED UNLESS PREVIOUSLY SUBMITTED]</small>	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Parent or Guardian's Name	Phone	
Address	E-Mail Address	
Emergency Contact and Phone	School Attending	

If your child cannot participate on a certain day of the week, please indicate which day:

2. Register your child for the appropriate division based on their age.

	DIVISION	BORN BETWEEN	FEE
<p>Please check one division.</p> <p>Family max. is \$320 if registering before 1/15/2010.</p> <p>After 1/15/2010 family max will be \$375. No refunds will be issued after April 30, 2010.</p> <p>Please refer to www.wybsl.com for a full description of the Baseball U15 league.</p>	<input type="checkbox"/> TEE BALL U6	(5/1/03 – 4/30/05)	\$100.00
	<input type="checkbox"/> SOFTBALL 8U	(9/1/01 - 8/31/03)	\$120.00
	<input type="checkbox"/> SOFTBALL 10U	(9/1/99 -8/31/01)	\$145.00
	<input type="checkbox"/> SOFTBALL 12U	(9/1/97 -8/31/99)	\$145.00
	<input type="checkbox"/> SOFTBALL 15U	(9/1/94 -8/31/97)	\$145.00
	<input type="checkbox"/> SOFTBALL 18U	(9/1/91 -8/31/94)	\$145.00
	<input type="checkbox"/> BASEBALL U7	(5/1/02 – 4/30/03)	\$120.00
	<input type="checkbox"/> BASEBALL U8	(5/1/01 – 4/30/02)	\$125.00
	<input type="checkbox"/> BASEBALL U9	(5/1/00 – 4/30/01)	\$145.00
	<input type="checkbox"/> BASEBALL U10	(5/1/99 – 4/30/00)	\$145.00
	<input type="checkbox"/> BASEBALL U11	(5/1/98 – 4/30/99)	\$145.00
	<input type="checkbox"/> BASEBALL U12	(5/1/97 – 4/30/98)	\$145.00
	<input type="checkbox"/> BASEBALL U15 IN TOWN	(5/1/94 – 4/30/97)	\$145.00
	<input type="checkbox"/> BASEBALL U15 TRAVEL	(5/1/94 – 4/30/97)	\$165.00
	<input type="checkbox"/> BASEBALL U18	(5/1/91 – 4/30/94)	\$145.00

3. Division-Specific information

U10, U11, U12, U15, U18 & 15U practices will most likely be on Sundays.

U18 is for players not participating on WA varsity team.

***Spring selection will be based on player evaluations, not special requests.**

4. Medical Information

Please list below any allergies to medications, special medical problems or activity restrictions.

5. Volunteer Your Time

We are always in need of coaches, coordinators, and other volunteers to help make the softball and baseball programs a success. We hope that at least one parent can volunteer some amount of time during the season. Below is a list of some of the duties and activities for which we need volunteers. Please indicate below how you would like to volunteer.

POSITION	PARENT'S NAME	PHONE NUMBER
<input type="checkbox"/> Coach (for division indicated above) <input type="checkbox"/> Assistant Coach (for division indicated above) <input type="checkbox"/> Fundraising Committee <input type="checkbox"/> Snack Bar - open and/or close weekly <input type="checkbox"/> Snack Bar - manage volunteers <input type="checkbox"/> Snack Bar - help stock weekly <input type="checkbox"/> Snack Bar - other <input type="checkbox"/> Misc. short term events/duties/coordination		

6. Donations

The cost of maintaining the fields continues to rise. Would you like to make a donation to WYBSL?
If yes, \$_____

7. Please Read & Sign Below

LIABILITY RELEASE: I, the parent/guardian of the above named registrant, a minor, agree that the registrant and I will abide by the rules of WYBSL. Recognizing the possibility of physical injury associated with baseball/softball and in consideration for WYBSL accepting the registrant for its baseball/softball programs and activities, I hereby release, discharge and/or otherwise indemnify WYBSL, its coaches, directors, officers, administrators, volunteers and associated personnel, including the owners of fields and facilities utilized for programs and activities, against any claim by or on behalf of the registrant as a result of the registrant's participation in WYBSL programs and activities.

MEDICAL CONSENT: As parent or legal guardian of the above-named registrant, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve life, limb, or well being of my dependent. I hereby give my permission for the above registered child to participate in this recreation program. I understand that the TOWN of WESTFORD does not carry insurance for the participants. I agree to hold harmless the Town of Westford and/or its employees and volunteers from claims and liabilities related to any accident that may occur.

Date:	Signature of Parent or Guardian:
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8. Mail completed form and check to:

WYBSL PO Box 1307 Westford, MA 01886