

Player & Family Information

(Please enter Name, Date of Birth and Last Year's Team for all players and Family and contact information.)

Check which League:
 2010 2010 **Player's name:** _____ **Date of Birth** _____
Baseball **Softball** **Last name:** _____ **First name:** _____ **(mm / dd / yyyy)** **Last Year's Team:** _____
 _____ _____ _____ _____
 _____ _____ _____ _____
 _____ _____ _____ _____

Telephone number: _____ **Mother's name:** _____
E-Mail: _____ **Father's name:** _____
Address: _____

Request for Volunteer Assistance

We cannot run our programs without your help !!! Please consider how you can help us run a successful league for our kids and let us know by checking the appropriate boxes below...

<input type="checkbox"/>	Head Coach (Baseball)	<input type="checkbox"/>	Asst Coach (Baseball)	<input type="checkbox"/>	Concession Stand Volunteer	<input type="checkbox"/>	Fundraising	<input type="checkbox"/>	"Team" Sponsor	<input type="checkbox"/>	Other
<input type="checkbox"/>	Head Coach (Softball)	<input type="checkbox"/>	Asst Coach (Softball)	<input type="checkbox"/>	Board Member	<input type="checkbox"/>	Parent Assistant	<input type="checkbox"/>	"Business Sign" Sponsor	<input type="checkbox"/>	

Zero Tolerance Policy

In an effort to avoid verbal and physical abuse against players, coaches and umpires, and in an effort to encourage good sportsmanship, the Rowley Youth Baseball and Softball (RYBS) League, along with other towns involved with the program, has adopted a Zero Tolerance Policy. It is hereby considered the responsibility of all parents, coaches and anyone else participating in any league event to maintain the highest standards of conduct for themselves. Abusive and obscene language, violent play or conduct, fighting and other behavior detrimental to the game will not be tolerated. First violation of the spirit of this policy will result in an automatic suspension from league activities at the discretion of the Board of Directors. A second violation will result in expulsion from the league. As a parent/guardian of the registrant(s) I will hereby accept responsibility for explaining this policy to the registrant(s) and any spectators who accompany the registrant(s) to any RYBS sponsored events.

Parent/Guardian Signature: _____

Injury Waiver and Consent for Medical Treatment

Person to Notify in an Emergency: _____
 Phone (if different from above): _____

I, the parent/guardian of the registrant (a minor), recognize the possibility of physical injury associated with sports. In consideration for RYBS accepting the registrant for its programs and activities, I hereby release, discharge and/or indemnify RYBS, its affiliated organizations and sponsors, and their employees and associated personnel, including the owner of the fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of participation in the Programs and/or being transported to or from same, which transportation I hereby authorize. In addition, as parent or legal guardian of the above named player, I hereby give my consent for emergency medical care prescribed by a duly licensed medical care provider.

Parent/Guardian Signature: _____

Notes:

Please check the league website for league information www.rowleyyouthbaseball.com or www.rowleyyouthsoftball.com

Please Make your checks payable to RYBSL PO Box 655, Rowley MA 01969

Player One:	\$115.00	_____
Player Two:	\$90.00	_____
Player Three:	\$90.00	_____

TOWN OF ROWLEY USER FEE ASSESSMENT. The Town of Rowley Recreation Committee charges a \$25 user fee for EACH PLAYER to use of the fields during our 2010 season. The user fee is assessed to offset field maintenance costs incurred by the Town. Any comments or questions please call the Recreation Committee at 978 948-5072.

Check Payable to: RYBS P.O. Box 655 Rowley ,MA 01969 Total Due: _____