

Returning Player

# MYBL PLAYER REGISTRATION FORM

## BASEBALL OR T-BALL

New Player

**A COPY OF PLAYER'S BIRTH CERTIFICATE IS REQUIRED AT TIME OF REGISTRATION FOR ALL NEW PLAYERS.**  
League age requirements determined by player's age on April 30 of playing year.

**BIRTHDATE:** \_\_\_\_\_ **AGE AS OF APRIL 30:** \_\_\_\_\_  
**PLAYER'S NAME:** \_\_\_\_\_ **HOME PHONE:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_  
**PARENT/GUARDIAN 1:** \_\_\_\_\_ **PARENT/GUARDIAN 2:** \_\_\_\_\_  
**EMAIL ADDRESS 1:** \_\_\_\_\_ **EMAIL ADDRESS 2:** \_\_\_\_\_  
**CELL PHONE 1:** \_\_\_\_\_ **CELL PHONE 2:** \_\_\_\_\_

Players born in May, June, July & August are eligible to play in their respective school grade. Apply for board approval.

I would like my child to play in his/her school grade.  Grade \_\_\_\_\_

**OTHER SPRING SPORTS/ACTIVITIES (EX. AAU BASEBALL, LACROSSE, ETC.):**  
 \_\_\_\_\_

**Will you be playing Summer Baseball (Y/N)?** \_\_\_\_\_ **Interested in Fall Baseball (Y/N)?** \_\_\_\_\_

**SPECIAL INSTRUCTIONS:** \_\_\_\_\_  
 (Please Print)

I give my child permission to participate in the MARSHFIELD YOUTH BASEBALL LEAGUE. I declare that my child is physically and medically able to participate in a program that may involve **violent bodily contact, and extreme exertion.**

I agree to assume full responsibility for any injury that my child may sustain as a result of said participation.

**Parent/Guardian Signature:** \_\_\_\_\_

Medical Alert: Should the Coach be aware of any medical conditions or prescription medications for your child (Y/N)? \_\_\_\_\_

Please Explain:

Continued success of the MYBL depends on Parental participation. **Please indicate how YOU will help.**

Coach:	Sponsor:	Concessions:	Umpire:
Assistant:	Ballfields:	Fund Raising:	
Other:			

FEE SCHEDULE					MYBL USE ONLY	
Division	Ages	Player #1 Fee	Player #2 Fee	Player #3 Fee	Paid Cash	\$ .00
T-Ball	5,6	\$55	\$35	\$15	Paid Check	\$ .00
AAA	7,8	\$100	\$80	\$60	Check #	
Minor	9,10	\$125	\$105	\$85		
Major	11,12	\$125	\$105	\$85		
Prep Babe Ruth	13	\$125	\$105	\$85		
Babe Ruth	14,15	\$125	\$105	\$85		
<b>AFTER DECEMBER 1 ADD \$25 LATE FEE PER PLAYER</b>						
Player Total:						

**Completed Registrations may be mailed with payment and copy of birth certificate to:**

**Marshfield Youth Baseball  
 P.O. Box 815  
 Marshfield, MA 02050**

**Make Checks payable to "MYBL"**

**MYBL Phone: 781-831-2366**

**MYBL FAX: 781-834-0604**

If you are registering more than three children within the same family, only the first three will be charged.  
 Each player must be registered on a separate form.

I understand that the falsification of any information on this form renders my application null and void.

Registration also available online at [marshfielddyouthbaseball.org](http://marshfielddyouthbaseball.org)