

Date: _____ Cash/Check #: _____ Amount paid: _____

Lakewood Youth Baseball

REGISTRATION FORM

(Please Print)

Player Information:

Player's Last Name:	First name:	Middle name:	Date of birth (mm/dd/yy)	Birth Certificate Verification <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address/ P.O. Box:			City:	ZIP Code:
Parent/Guardian Name:	Email address:		Home phone#:	Cell phone #:

Is this player new to Lakewood Youth Baseball? <input type="checkbox"/> Yes <input type="checkbox"/> No Last years team: _____ Coach: _____		
Name of siblings playing @ Lakewood Youth Baseball Association	Age	Team
Shirt size (circle one): YS YM YL AS AM AL AXL AXXL		Are you or is anyone you know interested in coaching or being a team mom? (circle)
Pant size (circle one): YS YM YL AS AM AL		Name: _____ Phone # _____
Interested Lakewood Youth Baseball Fall League? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is your child available to "play up" a division when needed? <input type="checkbox"/> Yes <input type="checkbox"/> No

Emergency Information:

Known Medical Conditions: 			
Name of Local Friend or Relative (not living at same address):	Relationship to Player:	Home Phone No:	Cell Phone No:

The above information is true to the best of my knowledge. I authorize my child to play responsibly in the Lakewood Youth Baseball Assoc. The LYBA exists to provide children who are interested in participating in a positive and enjoyable recreational experience. The LYBA is structured so that all children are given the opportunity to participate regardless of race, creed, sex economic status or ability; and every effort will be made to provide a safe, positive and enjoyable experience.

The LYBA has adopted a policy that holds everyone associated with the program, including parents, responsible for their behavior to help ensure high quality programming. It's imperative for the continued success of the LYBA that parents become involved, (i.e. Fund raisers, concession stand, field preparation, litter control & etc.) I have read, understand and have signed the Parents' Code of Ethics and will do my best to follow and enforce this statement.

The LYBA carries an accident & injury insurance that covers medical expenses due to injury and will cover any deductible cost for individuals having a family insurance coverage. Players having no coverage (family coverage) will be covered by the League's insurance for full medical benefit compensation.

All League games will be played at Evan's Park on Refugee Rd. in Hebron. The League Season will run approximately from April to the middle of July. With all-star teams playing close to the end of July.

Our mission statement is to continue the great tradition of Lakewood Baseball, teach the fundamentals of the game, the importance of sportsmanship and to build self-esteem.

I also understand that I am financially responsible for any destruction of League property on loan to my child while my child is a participant of this League, (ex. Varsity and Farm Pants, Shirts or Vests, equipment and facilities)

PARENT/GUARDIAN SIGNATURE _____

DATE _____