

NORTH VALLEY YOUTH BASEBALL, INC.

Baseball for Boys and Girls Ages 4-14

P.O. Box 3456 Granada Hills, CA 91344 • (818) 368-7663 • www.NVYB.org

(Please turn in 3 signed copies and copy of Birth Certificate)

2009-10 FALL/SPRING REGISTRATION FORM

Player's Last Name	First Name	Home Telephone ()	
Home Address		Date of Birth (mm/dd/year) / /	Age
City	Zip	League/Division Last Played	# years Experience

Father or Guardian	Telephone (home/cell) ()	Employer	Telephone ()
Home Address	City	Zip	Email Address

Mother or Guardian	Telephone (home/cell) ()	Employer	Telephone ()
Home Address	City	Zip	Email Address

Parent Participation, Responsibilities and Requirements Include (Spring Only):

- a) \$100.00 Snack Bar Fee due at time of registration
- b) Team Sponsor – work with your team to get Yearbook Sponsor
- c) Fundraisers

Parent Volunteers are essential to our program. How would you like to help? (Check all that apply)

Managing Coaching Auxiliary Board Board of Directors
 Snack Bar Yearbook Fundraising Field Maintenance

Medical Insurance Information:

My medical Insurance Carrier is _____, or NO INSURANCE. Does your child have any Disabilities, handicaps, present injuries or limitations, allergies, hemophilia, heart conditions, history of respiratory illness or other significant medical conditions? YES? NO? If yes, please explain: _____

Emergency Authorization

The undersigned parent or legal guardian of the participant, a minor, hereby authorize the managers, coaches or parents of team members acting in capacity of supervisors or vehicle drivers, as MY Agent, to consent to medical, surgical or dental examinations and/or treatment. In case of emergency, I hereby authorize treatments and/or care at any hospital. If there is an emergency and I cannot be reached, please contact: _____

Name _____ Address _____ Telephone (h/w/c) _____

Waiver of Liability and Disclaimer

To Induce North Valley Youth Baseball, Inc. (NVYB) to accept registration and permit participation in NVYB by the names individual, I, the parent or guardian of said individual, hereby give my consent and agree to release, indemnify, and hold harmless, NVYB, its officers, coaches and representatives, from any claim arising out of injury to the named individual. I hold harmless, NVYB, its officers, coaches and representatives from any claim arising out of injuries or conditions caused by or aggravated by my refusal to obtain available medical treatment based on religious or philosophical beliefs or otherwise. Further, I have read and understand the rules of eligibility for my child to participate at NVYB. I understand that at any time during the season, I may be asked to produce of my Childs age and/or of my residency and that failing to produce this information, or producing false information, will result in my child losing his/her eligibility for all-star play and possible expulsion from the league.

X

Signature of Parent of Guardian _____ (See website for NVYB Refund Policy) _____ Date _____

LEAGUE USE ONLY		
League Age _____	Birth Certificate Checked? YES NO	Amount Paid _____
Division _____	(circle one)	Check #/CC _____
Registration # _____	Checked by: _____ Date: _____	Verified by: _____

Parental Requests: _____

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