

CYS

Corbett Youth Sports

PO Box 191
Corbett, OR 97019

Baseball Registration Form: Copy of Birth Certificate Required

Players Name _____ Grade _____ Birthdate _____

Parent's Name _____ Phone _____

E-mail address _____ Cell # _____

Registrations must be received no later than February 22nd!!!

A late fee of \$25.00 will be assessed after February 22nd (if team space is available)

Registration days: Sat. Feb 6th Sat. Feb 13th Sat. Feb 20th 11am to 2pm in GS Cafeteria

After School sign-ups: Wed. Feb 10th & Wed. Feb 17th in GS lobby until 4:30pm

OR mail to: P.O. Box 191 Corbett OR 97019

	Before 2-22	After 2-22
___ T-Ball 6 yrs old (not 7 by August 1 st of this year)	\$60.00	\$85.00
___ Farm 7-8 yrs old (not 9 by Aug 1 st of this year)	\$60.00	\$85.00
___ Midgets 9-10 yrs old (not 11 by Aug 1 st of this year)	\$80.00	\$105.00
___ Juniors 11-12 yrs old (not 13 by Aug 1 st of this year)	\$90.00	\$115.00
___ Seniors 13-14 yrs old (not 15 by Aug 1 st of this year)	\$90.00	\$115.00
Families with 3 or more players will be charged a flat fee of	\$200.00	\$225.00

Parental requirements:

** Parents will be required to work concessions stand 1 or 2 times during season.

** \$75 will be charged for failure to return uniform at end of season.

**Parent must fill out and sign medical release of reverse side of this form.

**Financial assistance is available for players on the free or reduced lunch program.

Parent signature _____

Volunteers run this program. Please circle any position you can fill.

Head Coach Assistant Coach Team Parent Team Sponsor Umpire

Medical Release Form:

In case of illness or injury, I authorize Corbett Youth Baseball coaches and or personnel to take my child to a facility for emergency care and/or consent to emergency medical treatment.

Player's Legal Name _____

Physician _____

Allergies to Medication _____

Last Tetanus Injection _____

Other information _____

Parent Signature _____ Date _____

CYS

Corbett Youth Sports

PO Box 191
Corbett, OR 97019

Softball Registration Form: Copy of Birth Certificate Required

Players Name _____ Grade _____ Birthdate _____

Parent's Name _____ Phone _____

E-mail address _____ Cell # _____

Registrations must be received no later than February 22nd!!!

A late fee of \$25.00 will be assessed after February 22nd (if team space is available)

Registration days: Sat. Feb 6th Sat. Feb 13th Sat. Feb 20th 11am to 2pm in GS Cafeteria

After School sign-ups: Wed. Feb 10th & Wed. Feb 17th in GS lobby until 4:30pm

OR mail to: P.O. Box 191 Corbett OR 97019

	Before 2-22	After 2-22
___ T-Ball 6 yrs old (not yet 7 by August 1 st of this year)	\$60.00	\$85.00
___ 8U (If you are 8 or less on January 1 st)	\$60.00	\$85.00
___ 10U (If you are 10 or less on January 1 st)	\$80.00	\$105.00
___ 12U (If you are 12 or less on January 1 st)	\$90.00	\$115.00
___ 14U (If you are 14 or less on January 1 st)	\$90.00	\$115.00
Families with 3 or more players will be charged a flat fee of	\$200.00	\$225.00

Parental requirements:

** Parents will be required to work concessions stand 1 or 2 times during season.

** \$75 will be charged for failure to return uniform at end of season.

**Parent must fill out and sign medical release of reverse side of this form.

**Financial assistance is available for players on the free or reduced lunch program.

Parent signature _____

Volunteers run this program. Please circle any position you can fill.

Head Coach Assistant Coach Team Parent Team Sponsor Umpire

MEDICAL RELEASE

If your daughter should need emergency medical care and you are not available to give formal consent to medical authorities, care may be unnecessarily delayed. To protect your daughter, please complete this form, which will accompany her to the hospital/clinic so that medical treatment can be rendered.

I hereby authorize medical treatment at the nearest facility for all medical and/or surgical treatment that may be required for my daughter during my absence effective: _____ to the end of the playing season.
(today's date)

FOR CLARITY, PLEASE PRINT THE FOLLOWING INFORMATION

Child's Name: _____ Date of Birth: _____
Chronic Illnesses: _____
Allergies: _____
Current Medications: _____
Date of Last Tetanus Immunization: _____
Physician: _____ Phone: _____
Dentist: _____ Phone: _____
Parent/Guardian Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____
Employer: _____
Health Insurance Company: _____
Member Number: _____ Group Number: _____
Nearest Relative: _____ Telephone: _____
Parent/Guardian Signature: _____ Date: _____

Permission and consent for participation

I/We, the parent(s)/guardian(s) of _____ hereby give our permission for her participation in softball league activities this season. I understand this application does not guarantee placement of my child on a team. The number of teams is dependent upon coach availability and an adequate number of applicants to form teams. Should placement on a team not be possible, the full registration fee will be refunded. I also understand that the medical insurance carried by Corbett Girls ASA Softball League is secondary to any family insurance we may have. **I/We agree to return at end of season any League uniform or equipment issued or reimburse the league for its replacement (uniform cost is \$75.00).**

Parent/Guardian Signature: _____ Date: _____