



# 2019 REGISTRATION FORM

## BASEBALL / SOFTBALL / TBALL

(Please circle one)

### BOY / GIRL (please circle one)

Name: \_\_\_\_\_  
(Please Print Legibly)

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact #: \_\_\_\_\_

Alt. #: \_\_\_\_\_

School Attending: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ V.B. \_\_\_\_\_

E-Mail: \_\_\_\_\_

Mothers/Guardians Name: \_\_\_\_\_ #: \_\_\_\_\_

Fathers/Guardians Name: \_\_\_\_\_ #: \_\_\_\_\_

As a parent or guardian, I am interested in volunteering for the following:  Sponsor  Coach  Asst Coach  CPR Cert.

FOR LEAGUE USE ONLY		
PLAYING AGE: _____	SHIRT SIZE: _____	
.....		
Total Amount Paid		\$ _____
\$ _____	\$ _____	\$ _____
REGISTRATION	FUNDRAISING	OTHER
<input type="checkbox"/> CASH \$ _____		
<input type="checkbox"/> CHECK \$ _____	# _____	
<input type="checkbox"/> OTHER \$ _____	# _____	
# REGISTRATIONS PAID _____	TOTAL PAYMENT \$ _____	
NOTES: _____		

### ALL FEES ARE NON REFUNDABLE

***This years registration fees are \$135 per child. (\$95 participation fee and \$40 mandatory fundraising fee)***  
***Sibling discount when 3 or more siblings are paid at the time of registration.***  
***(A late fee of \$25 will be added after the last registration date)***

This fee includes medical insurance which will cover all expenses up to \$5,000. If you already have medical insurance, this is a secondary coverage. If you don't have insurance, this will be your primary coverage.

CYB is a non-profit organization. CYB strives every year to run a successful program at the lowest possible costs. One reason for our continued success stems from the support we receive every year from our parents and community. **CYB board meetings are held on the first Tuesday of every month at 7:00 p.m. at Costa Fields.** We encourage everyone to attend and welcome any ideas you may have, so we may continue to improve our organization.

### ASSUMPTION OF RISK, INDEMNIFICATION AND RELEASE OF LIABILITY FORM

Instructions: Participants must have this completed form on file for each activity in which he/she participates. This form must be completed by a parent or guardian for anyone under 18 years of age. I, the undersigned, being an adult, agree to assume all risks of injury arising out of my participation, or by the participation of my dependent, in any activity sponsored by Ceres Youth Baseball INC. and to make no claim whatsoever for injuries against the City of Ceres, Ceres Unified school district, or CYB, It's officers, agents, or employees by reason of my participation, or the participation of my dependent. Further, I represent that I am physically able, or that my dependent is physically able to participate in said activity.

I further agree to indemnify and save harmless the City of Ceres, or CUSD, or CYB, it's successors and assigns, from all claim for such loss, damage or injury sustained by me or my dependent, or by any person whatsoever, whether the same be caused by the negligence of the City of Ceres, CUSD, CYB or of it's officers, agents, employees, or otherwise. I further agree to assume the responsibility of careful inspection of grounds, structures, and/or other facilities at any location where I, or my dependent participate in any activity, upon arrival, and my assumption of risk as set forth above shall include the physical grounds and structures and facilities. Including any transportation utilized in connection with said activity.

\_\_\_\_\_  
Name of participant  
(Please Print)

\_\_\_\_\_  
Parent or Guardian signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
In case of emergency notify

\_\_\_\_\_  
Phone



## Medical Release Form

This is to certify that I, the parent or guardian of \_\_\_\_\_ a player on the Ceres Youth Baseball or Softball team, hereby grant permission for the adult manager, coach, and/or business manager of the team to obtain medical care from any licensed physician, hospital, or medical clinic, for my child, in the event that he/she is injured and I am not present or can not be reached by phone. This authorization shall include all league activities, including the period required to travel to and from those activities, and we hereby waive, release, absolve, indemnity, and agree to hold harmless, Ceres Youth Baseball and Softball organization, City of Ceres, Ceres Unified School District, the organizers, supervisors, participants, and persons transporting the player to and from those activities, for any claim arising out of an injury to the child.

Name of Child : \_\_\_\_\_  
(Print Name)

Birth Date : \_\_\_\_\_

Doctors Name : \_\_\_\_\_

Doctors Phone # : \_\_\_\_\_

Known Allergies : \_\_\_\_\_

Parent/Guardian : \_\_\_\_\_  
(Print Name)

Address : \_\_\_\_\_

Phone # : \_\_\_\_\_ (Home)

: \_\_\_\_\_ (Cell)

Insurance Name : \_\_\_\_\_

Policy # : \_\_\_\_\_

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

Date : \_\_\_\_\_

**Each player needs to have a form completed, and signed by the Parent or Guardian.**