

2022 REGISTRATION FORM

BASEBALL / SOFTBALL

(CIRCLE THE ONE THAT APPLIES)

BOY / GIRL (circle one)

Name: _____
(Print Legibly)

Address: _____

City: _____ **Zip:** _____

Contact #: _____

Alt. #: _____

Date of Birth: _____ **Verified By:** _____

E-Mail: _____

FOR LEAGUE USE ONLY

AGE _____ DIVISION _____ SHIRT SIZE _____

Total Amount Paid \$ _____

\$ _____ REGISTRATION \$ _____ FUNDRAISING \$ _____ ADDTL FEE

☐ CASH \$ _____

☐ CHECK \$ _____ # _____

☐ OTHER \$ _____ # _____

REGISTRATIONS PAID _____ BUY OUT PAID SEPERATELY _____

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.

This years registration fees are \$150 per child. (\$110 participation fee and \$40 mandatory fundraising fee)
After the close of the last registration date a late fee of \$25 per child will be added if a spot is available

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 Monday 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 dependant, 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. **NO REFUNDS WILL BE GIVEN OUT.**

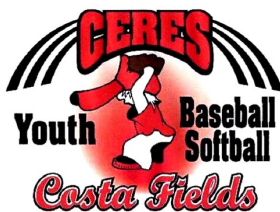
Name of participant
(Please Print)

Parent or Guarding 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.



CERES YOUTH BASEBALL Parent/Player Code of Conduct

Division: _____ Team Name: _____
Player Name _____

The Ceres Youth Baseball/Softball League Board of Directors has mandated the following Code of Conduct. All parents, guardians of players will read this Code of Conduct and sign in the space provided below, acknowledging that he or she understands and agrees to comply with the Code of Conduct. It will be the parent/guardian's responsibility to have all players, understand the rules. He/she sign the form and turn it in to their respective coach.

Ceres Youth Baseball/Softball Code of Conduct: No board member, manager, coach, player or spectator shall, **at any time:**

- Lay a hand upon, push, shove, strike, or threaten to strike an official.
- Be guilty of verbal or physical abuse upon any official for any real or imaginary belief of a wrong decision or judgment.
- Be guilty of an objectionable demonstration of dissent at an official's decision by throwing of gloves, helmets, hats, bats, balls, or any other forceful un-sportsman like conduct.
- Be guilty of using unnecessarily rough tactics in the play of a game against the body of an opposing player.
- Be guilty of a physical attack upon any board member, official, manager, coach, player or spectator.
- Be guilty of the use of profane, obscene or vulgar language in any manner at any time.
- Appear on the field of play, bleachers, or anywhere on the baseball complex while in an intoxicated state. Intoxicated will be defined as an odor or behavior issue.
- Be guilty of gambling upon any play outcome of any game with anyone at any time.
- Smoke while inside the baseball complex
- Be guilty of publicly discussing with spectators in a derogatory or abusive manner any play, decision or a personal opinion on any players during the game.
- Speak disrespectfully to any manager, coach, official, parent, player or representative of the league.
- Be guilty of tampering or manipulating any league, rosters, schedules, draft positions or selections, official scorebooks, pitch count, rankings, financial records or procedures.
- Challenge an umpire's authority. The umpires shall have the authority and discretion during a game to penalize the offender according to the infraction up to and including expulsion from the game.

The Board of Directors will review all infractions of the Code of Conduct. Depending on the seriousness or frequency, the board may assess additional disciplinary action up to and including expulsion from the league.

I have read the Ceres Youth Baseball & Softball League Code of Conduct and promise to adhere to its rules and regulations.

Print Name of Parent or Guardian

Signature of Parent or Guardian

Date

Print Name of Player

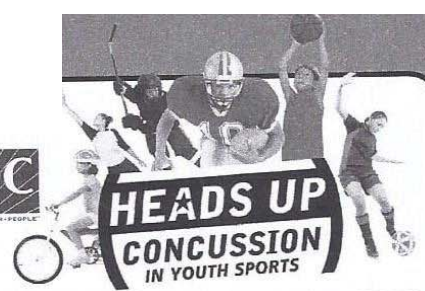
Signature of Player

Date

DIVISION: _____

TEAM/COACH: _____

Parent/Athlete Concussion Information Sheet



A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by bump, blow or jolt to the head or body that causes the head and brain to move rapidly back and forth. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

If an athlete reports **one or more** symptoms of concussion listed

Did You Know?

- Most concussions occur *without* loss of consciousness
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

below after a bump, blow, or jolt to the head or body, s/he should be kept out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.

SIGNS OBSERVED BY COACHING STAFF

Appears dazed or stunned
Is confused about assignment or position
Forgets an instruction
Is unsure of game, score, or opponent
Moves clumsily
Answers questions slowly
Loses consciousness (*even briefly*)
Shows mood, behavior, or personality changes
Can't recall events *prior* to hit or fall
Can't recall events *after* hit or fall

SYMPTOMS REPORTED BY ATHLETES

Headache or "pressure" in head
Nausea or vomiting
Balance problems or dizziness
Double or blurry vision
Sensitivity to light
Sensitivity to noise
Feeling sluggish, hazy, foggy, or groggy
Concentration or memory problems
Confusion
Just not "feeling right" or "feeling down"

CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that not only does not diminish, but gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (*even a brief loss of consciousness should be taken seriously*)

WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. *They can even be fatal.*

Remember

Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.

Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.

It's better to miss one game than the whole season. For more information on concussions, visit: www.cdc.gov/Concussion

Student-Athlete Name Printed _____

Student-Athlete Signature _____

Date _____

Parent or Legal Guardian Printed _____

Parent or Legal Guardian Signature _____

Date _____