WESTERVILLE YOUTH BASEBALL AND SOFTBALL LEAGUE 2017 SPRING REGISTRATION FORM

Boys: ☐ BTB (5-6) ☐ BCPB (7) ☐ BCPA (8) ☐ BGH (9-10) ☐ BRH (11-12) ☐ BBH (13-14) ☐ BKH (15-18)
Girls: ☐ GTB (5-6) ☐ GCP (7-8) ☐ GGH (9-10) ☐ GRH (11-12) ☐ GBH (13-15) ☐ GKH (16-18)

PARENT(S) / GUARDIAN(S) INFORMATION

FATHER ☐ Primary Contact

Last Name:_____
First Name:_____
Address:_____
City:_____ ZipCode:_____
Cell Phone: (_____)_____
E-Mail Address:_____
Occupation:_____
Company:_____

MOTHER ☐ Primary Contact

Last Name:_____
First Name:_____
Address:_____
City:_____ ZipCode:_____
Cell Phone: (_____)_____
E-Mail Address:_____
Occupation:_____
Company:_____

☐ Father: **I offer to volunteer as:** ☐ Head Coach ☐ Ass't. Coach ☐ Umpire ☐ Scorekeeper ☐ Other_____
☐ Mother: **I offer to volunteer as:** ☐ Head Coach ☐ Ass't. Coach ☐ Umpire ☐ Scorekeeper ☐ Other_____

PLAYER INFORMATION

☐ Boy ☐ Girl Name: (Last)_____ (First)_____ Date of Birth:___/___/___
Name of School/Pre-School (at time of registration):_____ Grade:_____
From April 15 to July 31, will you have recurring schedule conflicts: ☐ No ☐ Sch. Sports ☐ Soccer ☐_____

Skill Level (Check One): ☐ First Time ☐ Fair ☐ Average ☐ Good ☐ Very Good Is a: ☐ Pitcher ☐ Catcher
Last Spring's League:_____ Last Spring's Team:_____
If playing in the **same WYBSL league as last Spring**, do you wish to: ☐ Stay on same team ☐ Be on another team
Did you play any ball **last Fall**? ☐ Yes ☐ No League:_____ Team:_____
Comments:_____

NOTE: THE FOLLOWING HOLD HARMLESS AGREEMENT MUST BE READ BY PARENT OR LEGAL GUARDIAN AND SIGNED PRIOR TO CHILD'S PARTICIPATION IN THE WYBSL PROGRAM.

The undersigned parent or legal guardian, in consideration of the acceptance of their child as a participant in the Westerville Youth Baseball and Softball League (WYBSL) does hereby: 1) Agree to assume any and all risk and liabilities incidental to active participation in WYBSL by such child; 2) Agree to indemnify, defend and hold WYBSL, its trustees, staff officers, coaches, officials and all volunteer workers harmless from and against any claim, demand and liability for any injury, property damage and loss or damage to personal property; 3) Acknowledge and understand that no medical insurance is maintained by WYBSL, such insurance being the sole responsibility of each participant; and 4) Agree that prior medical or health problems must be disclosed by them to WYBSL in writing prior to any child being assigned to a team. **I also understand that Fall Ball teams are not kept together for the Spring/Summer program.**

Signature of Parent or Legal Guardian: **X**_____ Date:_____

REFUND POLICY: **In order to request and receive a refund, a parent or guardian must send an e-mail message to WYBSL@WYBSL.ORG (with the word REFUND in the subject line) – reporting the player's name, league, date and reason for withdrawal.** If the withdrawal is reported: (1) By March 31, a full refund will be given; (2) By April 30, a $25 processing fee will be charged; (3) On or after May 1, there shall be no refund.

LEAGUE FEES – PLEASE ADD A $5 CONVENIENCE FEE IF PAYING BY CREDIT OR DEBIT CARD

	Registration Fee		Fields Fund Fee		Total Fee
Tee-Ball – Boys or Girls (5-6)	$75	+	$24	=	$99
Coach Pitch – Boys or Girls (7-8)	$86	+	$24	=	$110
Green Hat – Boys or Girls (9-10)	$91	+	$24	=	$115
Red Hat – Boys or Girls (11-12)	$96	+	$24	=	$120
Blue Hat – Boys (13-14) Girls (13-15)	$101	+	$24	=	$125
Black Hat – Boys (15-18) Girls (16-18)	$106	+	$24	=	$130

PLAYING AGE IS THE PARTICIPANT'S AGE ON APRIL 30, 2017

FAMILY PLAN (Calculated from highest to lowest Registration Fee)
First two players @ Registration Fee + Fields Fund Fee (Total Fee)
All Others: Each @ $24 Fields Fund Fee only

LATE REGISTRATION PENALTY – After March 20
Additional $30 per player, plus loss of Family Plan Discounts (if applicable)

There is a $30 charge for any returned check or charge.

FOR LEAGUE USE ONLY

Registrar:_____

Birth Certificate: ☐ Not Needed – Continuing Player ☐ Reviewed by Registrar ☐ Still Needed in Order to Play

Total Paid: $_____ ☐ Cash ☐ Check #_____ ☐ Credit/Debit Card (Attach Authorization) Date:___/___/___

Register Online (wybsl.org), at a Walk-In Session, or Mail to: WYBSL, P.O. Box 1198, Westerville, OH 43086-1198