

WESTERVILLE YOUTH BASEBALL AND SOFTBALL LEAGUE **2017 FALL BALL REGISTRATION**
 Coed TB Boys: BCP6 BCP7 BGH BRH BBH BBKH Girls: GCP GGH GRH GBH

PARENT(S) / GUARDIAN(S) INFORMATION

<p>FATHER <input type="checkbox"/> Primary Contact</p> <p>Last Name: _____ First Name: _____ Address: _____ City: _____ ZipCode: _____ Cell Phone: (_____) _____ E-Mail Address: _____ Occupation: _____ Company: _____</p>	<p>MOTHER <input type="checkbox"/> Primary Contact</p> <p>Last Name: _____ First Name: _____ Address: _____ City: _____ ZipCode: _____ Cell Phone: (_____) _____ E-Mail Address: _____ Occupation: _____ Company: _____</p>
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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 (Fall, 2017): _____ Grade: _____
 From Aug. 7 to Oct. 15, 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
 Did you play any baseball/softball **this Spring/Summer**? Yes No; If Yes, in what league? _____
One Friend to Play With (if possible): 1st Choice: _____ 2nd Choice: _____
 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 neither last Fall's nor this Spring/Summer's teams are kept together in Fall Ball.**

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 July 20, a full refund will be given; (2) By July 30, a \$25 processing fee will be charged; (3) On or after July 31, there shall be no refund.

LEAGUE FEES — PLEASE ADD A \$5 CONVENIENCE FEE IF PAYING BY CREDIT OR DEBIT CARD		Add \$24 Fee For Fields Fund If Player Did Not Play WYBSL Spring/Summer Ball This Year	PLAYING AGE IS THE PARTICIPANT'S AGE ON APRIL 30, 2017
Registration Fee			FAMILY PLAN (Calculated from highest to lowest Registration Fee) First two players @ full fees; All Others @ \$25 each LATE REGISTRATION PENALTY – After July 17 Postmark Additional \$30 per player, plus loss of Family Plan Discounts (if applicable) PLAYERS WILL BE ACCEPTED ON A SPACE-AVAILABLE BASIS. There is a \$30 charge for any returned check or charge.
Tee-Ball – Boys or Girls (4-5)	\$65		
Coach-Pitch – Boys or Girls (6-7)	\$86		
Green Hat – Boys or Girls (8-9)	\$91		
Red Hat – Boys or Girls (10-11)	\$96		
Blue Hat – Boys (12-13) Girls (12-15)	\$101		
Black Hat – Boys (14-17)	\$126		

FOR LEAGUE USE ONLY Registrar: _____

Birth Certificate: Not Needed – Played in 2016 or 2017 Reviewed by Registrar Still Needed in Order to Play

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