

Carlsbad Youth Baseball – Fall 2010

P.O. Box 4475, Carlsbad, CA 92018

Note: This form has 3 pages. Please complete and mail all pages.

	Begins	Standard Fee	Shetland (T-Ball) Fee
Early Registration	5/22/10	\$100.00	\$80.00
Regular Registration	7/15/10	\$110.00	\$90.00
Late Registration	8/23/10	\$130.00	\$100.00

- Please register, with payment, on time to ensure placement on a team. The registration fees and placement priority for waiting list players are based on postmarked date (not delivered date).
- Carpool requests cannot be guaranteed.
- Registration without proper fees will be returned. Pro-rated refunds are determined by the league registrar based upon the specific situation.
- Returned checks and refunds are subject to a \$25.00 fee. Refund requests must be submitted in writing to the above address.
- A family discount of \$10 is permitted for the 2nd registered player per family, \$20 for the 3rd and \$30 for the 4th and above.
- An additional fee of \$10 per player is required for non-Carlsbad residents (required by the City of Carlsbad).
- Please make all Checks payable to CYB; mail check and completed form to the address at the top of this form.

A limited number of league scholarships are available to assist families of players with financial need. Please check the box to the right if you would like to apply for a scholarship.

If your child has not played in CYB in the past 2 years, you must send a copy of the child's birth certificate.

 Player's First Name Last Name Initial Birth Date Division (See below)

 Street Address City Zip Code Home Number School

 Father's Name Father's Work Number Father's Email

 Mother's Name Mother's Work Number Mother's Email

 Person to notify in an emergency Emergency telephone number List medical problems/prohibitions

*See Age Grid Below to determine your child's playing level *

(Find the player's birth month in the grid below, then look down that column and circle the birth year. The Division in which they will be playing is shown at the far left of the table. Enter this Division in the section above, next to Birth Date. Players wishing to play-up should register in their correct age group and contact their commissioner.

Division	Birth Date												
	Age	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Shetland	4	2007	2007	2007	2007	2006	2006	2006	2006	2006	2006	2006	2006
Shetland	5	2006	2006	2006	2006	2005	2005	2005	2005	2005	2005	2005	2005
Shetland	6	2005	2005	2005	2005	2004	2004	2004	2004	2004	2004	2004	2004
Pinto	7	2004	2004	2004	2004	2003	2003	2003	2003	2003	2003	2003	2003
Pinto	8	2003	2003	2003	2003	2002	2002	2002	2002	2002	2002	2002	2002
Mustang	9	2002	2002	2002	2002	2001	2001	2001	2001	2001	2001	2001	2001
Mustang	10	2001	2001	2001	2001	2000	2000	2000	2000	2000	2000	2000	2000
Bronco	11	2000	2000	2000	2000	1999	1999	1999	1999	1999	1999	1999	1999
Bronco	12	1999	1999	1999	1999	1998	1998	1998	1998	1998	1998	1998	1998
Pony	13	1998	1998	1998	1998	1997	1997	1997	1997	1997	1997	1997	1997
Pony	14	1997	1997	1997	1997	1996	1996	1996	1996	1996	1996	1996	1996
Colt	15	1996	1996	1996	1996	1995	1995	1995	1995	1995	1995	1995	1995
Colt	16	1995	1995	1995	1995	1994	1994	1994	1994	1994	1994	1994	1994
Palomino	17	1994	1994	1994	1994	1993	1993	1993	1993	1993	1993	1993	1993
Palomino	18	1993	1993	1993	1993	1992	1992	1992	1992	1992	1992	1992	1992

Assessments: Please see the website for assessment dates.

Parental Support

Note: CYB's services are only as good as our all-volunteer parents can provide. We appreciate if each family can consider at least one way in which they can contribute to our league's many needs. Just place a check in the appropriate box(es) and we will contact you if necessary. Thanks for your support!

Team Manager*		Assistant Team Parent	
Assistant Coach*		Team Scorekeeper	
Team Parent		Team Sponsor	

* - Team Manager and Coach Applicants must complete and mail in a Manager/Coach application. This form may be downloaded from www.carlsbadyouthbaseball.org (see Forms page), and mailed in with the registration form and payment.

Player Information (optional)

Note: This information is helpful in our team formation process, especially for players who are not able to attend the tryouts

Did this player previously participate with CYB?	
Will this player be participating on another organized sports team this season? If so, what % of games and practices do you expect the player to miss? If the player is playing travel baseball, please list the team name	
Has this player been selected to participate on an All Star team previously, in CYB or similar baseball league? If so, what years?	

Consent for Medical Treatment (Minor)

As parent or legal guardian of the above named player, I hereby consent for emergency medical care prescribed by a duly licensed doctor of medicine or doctor of dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my child or dependent.

Signature of Guardian: _____

Player's Name: _____

Family Doctor: _____

Family Dentist: _____

Parent or Guardian Authorization & Waiver of Liability

I, the parent or guardian of this player, hereby give approval to his/her participation in any and all league activities during the current season. I assume all risks and hazards incidental to such participation including transportation to and from activities; and do hereby waive, release, absolve, indemnify and agree to hold harmless CYB, its organizers, sponsors, participants and persons transporting the child to and from any and all events, and or for any claim arising out of an injury to the child, to the proportionate extent that said injury is caused by a CYB participant, coach, manager, organizers, sponsors, board members. CYB's maximum liability shall be up to any amounts covered by accident and/or liability insurance held by CYB, no exceptions. I agree to be bound by the league's by-laws and rules & regulations and understand that failure to comply could result in non-acceptance of registration or suspension from the league and further understand that completion of this registration form does not mean automatic enrollment in CYB.

Signature of Parent or Guardian

Date

CODE OF CONDUCT

Objective: The goal of CYB is to assure that it's members -players, coaches, parents and officials, including members of the Board of Directors and other League representatives maintain the highest standard of sportsmanship and ethical behavior at all times. In order to achieve this goal, a Code of Conduct has been adopted by the Board of Directors of the League. In addition, procedures for the handling of violations of the Code have been developed.

Parents/Spectators: Parents and spectators shall refrain from the following conduct:

- Foul or obscene language
- Indecent gestures
- Physical altercations of any kind
- Umpire abuse
- Substance abuse
- Throwing any object in a show of temper or disgust
- Arguing with or verbal abuse of opposing players, coaches, or parents
- Belittling or intentionally embarrassing players, coaches or other spectators

PARENT ACKNOWLEDGEMENT

I have reviewed the CYB Code of Conduct, in particular the section pertaining to parental conduct.

I agree to abide by the terms of this Code at all CYB events.

Division (Pinto, Mustang, Bronco, Pony, Colt/Palomino):

Player Name (Print): _____

Parent Name (Print): _____

Parent Signature: _____

Date: _____
