

Carlsbad Youth Baseball – Spring 2009
Colt/Palomino Registration Form ONLY

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

Registration and Payment Information

Early Registration Begins	10/15/08	Fee: \$145.00
Regular Registration Begins	11/15/08	Fee: \$160.00
Late Registration Begins	03/01/09	Fee: \$175.00

- All players registering after March 7, 2009 will be placed on a waiting list. Placement for players registered after this date is not guaranteed. 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 or other special requests cannot be guaranteed.
- Registration without proper fees will be returned. There will be no refunds after March 7, 2009. Pro-rated refunds prior to that date are determined by the league registrar, based upon the specific situation. All refund requests must be submitted in writing to the PO Box address above.
- Returned checks and refunds are subject to a \$25.00 fee.
- A family discount rate of \$10 is permitted for the 2nd registered player per family. Inquire with the registrar for additional player discounts.
- An additional fee of \$10 per player is required for non-Carlsbad residents.
- 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	_____ Birthdate	_____ Division (from age grid)
_____ 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	_____ Telephone Number		_____ List Medical problems/prohibitions	

**Players with Birth Dates in the range below are eligible for
COLT/PALOMINO**

5/1/90 – 4/30/94

Tryouts

THERE ARE NO TRYOUTS FOR COLT/PALOMINO DIVISIONS
TEAMS WILL BE FORMED BY THE DIVISION COMMISSIONER

Parental Support

Note: CYB's services are only as good as our all-volunteer parents can provide. In addition to working in the snack bar, 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 Parent	Assistant Team Parent	Team Scorekeeper
Opening/Closing Day	Field Supplies	Volunteer Coordinator
Uniforms	Publicity	Fund Raising
Scheduling	Equipment	Website Administration

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 participate in CYB in the Fall 2008 season?	
Did this player participate in CYB in the Spring 2008 season?	
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?	
Has this player been selected to participate on an All Star team previously, in CYB or similar baseball league? If so, what years?	
Has this player participated on a competitive "travel" team in the past 2 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 Parent or 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: _____
