

# Chandler Youth Baseball FALL 2018 Registration Form

Player's Name: \_\_\_\_\_ School: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate phone no(s): \_\_\_\_\_

Parent Names: \_\_\_\_\_

Email Address: \_\_\_\_\_

Previously played in CYB? Yes: \_\_\_ No: \_\_\_

Birth Date: \_\_\_/\_\_\_/\_\_\_ **(Players new to CYB must provide birth certificate)**

Circle Division...  
(age as of 12/31/18):  
(\*Pee Wee must be age 3  
by 7/31/18)

<b>Pee Wee*</b>	<b>Shetland</b>	<b>Pinto</b>
(3 - 4)	(4 - 6)	(7 & 8)
\$50	\$65	\$65

<b>Mustang</b>	<b>Bronco</b>	<b>Pony</b>	<b>Colt</b>
(9 & 10)	(11 & 12)	(13 & 14)	(15 - 18)
\$115	\$115	\$115	\$115

**\$10 late fee** will be applied after July 31st

**Contact me about being a...** Coach: \_\_\_ Assistant Coach: \_\_\_ Sponsor: \_\_\_ Other: \_\_\_

**Requested coach or other requests:** \_\_\_\_\_

**Shirt Size: YS YM YL YXL AS AM AL AXL A2XL**  
**(NOTE: This information is used as a guideline and does not guarantee shirt size.)**

**I hereby give my consent for all medical care prescribed by a duly licensed Doctor of Medicine for the player indicated above. This care may be given under whatever circumstances are necessary to preserve the life, limb or well being of the player. I understand that this registration does not include hospitalization insurance. I also understand that refunds will not be available.**

**I further agree to abide by the CYB Parent's Code of Ethics Pledge and the CYB Policy For Misconduct (see www.cybb.org).**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**CYB Website:** www.cybb.org

**CYB Mailing Address:**

CYBB  
PO Box 6833  
Chandler, AZ 85246

**CYB Email Address:** cybb@cybb.org

**Official Use**

Amount Paid: \_\_\_\_\_

Method Paid: Cash    Check    Card

Check # \_\_\_\_\_

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_

Entry #: \_\_\_\_\_