

# Chandler Youth Baseball Spring 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**)

<b>Circle the Division you are registering for:</b>	<b>Pee Wee*</b> (3 - 4) \$55	<b>Shetland</b> (4 - 6) \$75	<b>Pinto</b> (7 & 8) \$75	
<b>Age requirements:</b> <b>Pee Wee:</b> Must be age 3 as of 1/1/18 <b>All other Divisions:</b> Age as of 8/31/18				
<b>Note: \$10 late fee</b> will be applied after January 31 (except Colt March 1)	<b>Mustang</b> (9 & 10) \$145	<b>Bronco</b> (11 & 12) \$145	<b>Pony</b> (13 & 14) \$145	<b>Colt</b> (15 - 18) \$145

**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.)

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

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

**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](http://www.cybb.org)).**

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

**CYB Website:** [www.cybb.org](http://www.cybb.org)

**CYB Mailing Address:**

CYBB  
 PO Box 6833  
 Chandler, AZ 85246

**CYB Email Address:** [cybb@cybb.org](mailto:cybb@cybb.org)

<b>Official Use</b>	
Amount Paid: _____	
Method Paid: Cash    Check    Card	
Check # _____	
Processed by: _____	Date: _____
Entry #: _____	