

Chandler Youth Baseball FALL 2017 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 4/30/18):
(*Pee Wee must be age 3
by 4/30/17)

Pee Wee* (3 - 4) \$50	Shetland (4 - 6) \$65	Pinto (7 & 8) \$65
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Mustang (9 & 10) \$115	Bronco (11 & 12) \$115	Pony (13 & 14) \$115	Colt (15 - 18) \$115
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\$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 #: _____