



PAID CHECK # \_\_\_\_\_

PAID CASH \$ \_\_\_\_\_

# NEVADA YOUTH RECREATIONAL BASEBALL REGISTRATION FORM

Grade: \_\_\_\_\_

Print Player's name \_\_\_\_\_

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

**Contact Info:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_ - \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_ - \_\_\_\_\_

Will player be participating in any other baseball program this season? \_\_\_\_ Yes \_\_\_\_ No

Participation in Nevada Youth Recreational Baseball requires the ability to run, throw, swing a bat and catch a ball. Additionally, participation requires the capacity to understand the rules of the game. Does your child have any current condition that limits his ability to participate in this activity? \_\_\_\_ Yes \_\_\_\_ No

If "yes", please explain and identify any modification that would enable your child to participate.

Please provide information about allergies or medical conditions that the coach should have in case of emergency.

I/We the parent(s) of the above named candidate for a position on a NYRB team, hereby give my/our approval to participate in all the NYRB activities, including transportation to and from the activities.

I/We know that participation in baseball may result in serious injuries and protective equipment does not prevent all injuries to players. I/We hereby waive, release, absolve, indemnify and agree to hold harmless the local NYRB organizers, sponsors, participants and persons transporting my/our child to and from activities for any claim arising out of an injury to my/our child whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance.

I/We agree to return upon request any equipment issued to my/our child in as good a condition as when received except for normal wear and tear.

Parent or Guardian signature

Please PRINT Parent or Guardian name

Name of Family Health Ins./Hospitalization plan

Parents occupation

Work phone

Age groups as follows based on grade player is currently in (Provided adequate players for each grade level):

Grades 3-4

Grades 5-6

Grades 7-8

Registration Fee: \$60.00 (Make checks payable to Nevada Youth Recreational Baseball)

**A \$10.00 LATE FEE WILL BE REQUIRED FOR REGISTRATION AFTER EVALUATIONS.**

**NO LATE SIGNUPS CAN BE ACCEPTED AFTER TEAMS ARE DRAFTED WITHOUT BOARD APPROVAL.**

\*Each player will receive 20 raffle tickets. Players may sell them to offset the cost of playing and keep the \$20, or they may fill in their own name on the tickets to possibly win the \$100 cash drawing.