

CHARLOTTE YOUTH ATHLETIC ASSOCIATION BASEBALL REGISTRATION



- Tee Ball (Ages 4-6) National League (Ages 11-12)
 International League (Ages 7-8) Pony League (Ages 13-16)
 American League (Ages 9-10)

PLAYER INFORMATION (PLEASE PRINT)

Registration # _____

Male Female Birth Date ____ / ____ / ____
 Last Name _____ First Name _____

Street Address _____ City _____ Zip Code _____ Home Phone _____

Mother's Name _____ Mother's Address (If Different) _____ Mother's Phone _____ Mother's Work or Cell Phone _____

Father's Name _____ Father's Address (If Different) _____ Father's Phone _____ Father's Work or Cell Phone _____

School _____ Parent's E-Mail Address _____

CONTACT: League President: Brian Labigan, @CYAA Info-line 585-287-9377

MEDICAL WAIVER

I/We the parent or guardian of the above-named individual, give my consent for my son/daughter to participate in the **Charlotte Youth Athletic Association** baseball program. I hereby absolve, indemnify and hold harmless, the Association, sponsors, officials, property owners, and supervisors participating in this program, regardless of the nature or cause, regarding injuries and/or accidents. This includes all necessary transportation to and from scheduled games, practices, and special events.

MEDICAL CONSENT

I/We give my permission for an officer or manager of the **Charlotte Youth Athletic Association** to secure the services of a licensed physician and/or hospital emergency department for treatment of any injury. I will be notified of any such occurrence.

MEDIA RELEASE

I/We give permission for the **Charlotte Youth Athletic Association** to make use of pictures of my son/daughter for informational/advertising purposes only.

I/We hereby release the **Charlotte Youth Athletic Association** and all of its affiliated entities, including its employees, volunteers and the sponsors for any and all liability for any damages suffered as a result of or relating to the use of any photograph, slide, videotape or audiotape of my child done in accordance with the foregoing.

FUNDRAISER: All C.Y.A.A. players are **required** to participate in the League's yearly fundraiser, which is the **sale of 2 boxes of candy (50 pieces per box @\$1.00per piece=\$100.00), or the "Candy Buyout Plan" (\$50.00)**, this is the league profit on the sale of 2 boxes of candy had you sold them. **(\$25.00 per box)**.

CANDY:By **selling 2 boxes** of candy (50 pieces per @\$1.00per piece = \$100.00), \$50.00 will be applied to help defray the cost of your child's fee and \$50.00 goes toward the cost of the candy.

[NOTE]: The supply of candy is **limited**: after the candy supply is exhausted, the ("Candy Buyout Plan") **MUST** be taken.

- I/We acknowledge acceptance of **2 boxes** of candy at \$50.00 per box, and agree to return monies(\$100.00) collected from sale of candy. Parent/Guardian Initials _____
- I/We choose **not** to sell candy and agree to pay \$50.00 **today**. ("Candy Buyout Plan"). This is the league profit on the sale of **2 boxes(\$25.00 per box)** of candy, had you sold them.
- I/We acknowledge acceptance of **2 boxes** of candy, \$50.00 per box, and agree to pay **\$100.00 today**. I/We will sell the candy and **keep** the monies collected.

Candy Fundraiser money **Due on** _____ **Please return paper money or checks only, NO Change**

UNIFORM POLICY

The league provides a replica uniform t-shirt, baseball cap, and baseball socks, to each player at the start of the regular playing season. **Each** player (except Tee Ballers) will also be required to wear **white baseball pants(not supplied by CYAA)** and **Pony & National** who will wear **gray pants**. **Uniforms will not be issued if any Registration or Fundraising monies are outstanding.**

REFUNDS/RETURNS: Registration fees are not refundable. Candy is not returnable.

PARENT OPPORTUNITIES

I/We are interested in participating in our child's CYAA baseball experience by volunteering as: (Please check your choices)

- Manager Coach Team Parent Scorekeeper Team Sponsor Special Events Board of Directors Other: _____

Name of Volunteer _____ Phone Number _____

C.Y.A.A. is a 501(c)(3) not-for-profit organization. All donations are Tax Deductible.

- I/We would like to contribute \$5.00 \$10.00 \$20.00 \$ _____ to C.Y.A.A. baseball.

You will be given a receipt for personal records if requested. The players **THANK YOU!**

SIGNATURE

I/We agree to the conditions and policies listed **above** and **below** including **fee structure** and **fundraising responsibilities**.

Parent/Guardian Signature _____ League Official Signature _____ Date ____ / ____ / ____

FOR OFFICIAL USE ONLY – DO NOT WRITE IN THIS AREA.

Players	Registration Fees:
Individual Player	\$60.00
Family of 2 Players	\$90.00
Family of 3 Players or more	\$120.00

Family Member	League	Reg. #

	Amount Paid	Balance Owed	Received By / Date
Registration	\$	\$	
Candy	\$	\$	
Donation	\$	\$	
Payment Type	Cash	Check #	
	\$	\$	