



EPYSA

EAST PALESTINE YOUTH SPORTS ASSOCIATION

BASEBALL REGISTRATION FORM

FORM CAN BE DOWNLOADED FROM:

www.epysasports.com

ACCOUNTING:
Total Registration Due:
\$ _____
<input type="checkbox"/> Cash \$ _____
Check # _____
Received by _____

RETURN ENTIRE FORM TO:

EPYSA, P.O. BOX 309, EAST PALESTINE, OHIO 44413,
 or drop off at Cold Duck Screen Printing (M-F 9am-4:30pm), 169 E. Taggart St., EPO

FORMS MUST BE RETURNED BY FRI., MARCH 9th WITH PAYMENT

DO NOT RETURN FORM WITHOUT PAYMENT ... THEY WILL NOT BE ACCEPTED

1. Select League Below (player's league age: _____) THRU APRIL 30TH.

LEAGUE AGE GROUPS THRU April 30th	T-BALL (5 & 6 y.o.) <input type="radio"/> Girl \$40 <input type="radio"/> Boy \$40 INSTRUCTIONAL (7 & 8 y.o.) <input type="radio"/> Girl \$50 <input type="radio"/> Boy \$50	MINOR (9 & 10 y.o.) <input type="radio"/> Boy \$60 JUNIOR (11 & 12 y.o.) <input type="radio"/> Boy \$60	PONY (13 & 14 y.o.) <input type="radio"/> Boy \$85 COLT (15, 16 & 17 y.o.) <input type="radio"/> Boy \$85
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2. Player Information (PLEASE PRINT CLEARLY) ALL SIGN-UPS are required to supply copy of birth certificate.

<u>Player Last Name</u>	<u>Player First Name</u>	<u>Player Telephone Number:</u> (____) _____ - _____
<u>Player Street Address</u>	<u>City:</u>	<u>Zip Code</u>
<u>Player Birth Date</u> ____ - ____ - ____	<u>School District (If other than East Palestine)</u>	<u>Player Health Issues to Discuss with Manager</u> <input type="checkbox"/> Yes <input type="checkbox"/> No

3. Parent / Guardian Information:

<u>Mother / Guardian First & Last Name</u>		<u>Father / Guardian First & Last Name</u>
<u>Home Telephone Number:</u> (____) _____ - _____	<u>Work or Cell Telephone Number:</u> (____) _____ - _____	<u>E-Mail Address:</u>
<u>Emergency Contact:</u>		<u>Emergency Telephone Number:</u>

VOLUNTEER: MANAGER / COACH fill out separate application _____ Manager (in charge of team) _____ Coach (help manager) _____ Team Mom _____ Scorekeeper _____ Other _____	YOUTH SHIRT SIZE: <input type="checkbox"/> Youth Small (6-8) <input type="checkbox"/> Youth Medium (10-12) <input type="checkbox"/> Youth Large (14-16)	ADULT SHIRT SIZE: <input type="checkbox"/> Adult Small <input type="checkbox"/> Adult X-Large <input type="checkbox"/> Adult Medium <input type="checkbox"/> Adult XX-Large <input type="checkbox"/> Adult Large	Parents are responsible for pants (GRAY IN COLOR)
PLAYERS LAST NAME AS YOU WANT TO APPEAR ON BACK OF SHIRT: Please Print Clearly: _____			

PERMISSION Read and Sign - Parent/Guardian Signature: X _____ Date: _____

I have read and agreed to the release below:

I, the parent/guardian of the above name applicant(s) for a position on an EPYSA team, hereby give my approval for my child to participate in any and all EPYSA activities. I assume all risks and hazards incidental to such participation including transportation to and from the activities; and I do hereby waive, release, absolve, indemnify, and agree to hold harmless EPYSA, (East Palestine Youth Sports Association, Inc.) the organizers, sponsors, supervisors, participants, board of directors, and persons transporting my child to and from activities, from any claim arising out of an injury to my 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 agree to abide by the rules and regulations of the EPYSA and realize that failure to do so may be brought to the attention of the governing board for resolution, I understand that from time to time the EPYSA will provide us with notices of events within the League. It is my responsibility to insure I remain informed by these notices. I understand that the above League address and phone number is also used for messages and announcements of League events. **WARNING: Protective equipment cannot prevent all injuries a player might receive while participating in EPYSA Baseball.**