

CAPAC YOUTH BASEBALL LEAGUE

PO Box 557 - Capac - MI - 48014

Registration Form 2021

First Name: _____		Last Name: _____		Age Cut Off Dates Girls January 1st Boys May 1st	
Address: _____		Date of Birth: _____			
Apt/PO: _____		City: _____		Age on Cut Off Date: _____	
State: _____		Postal Code: _____		Grade on Cut Off Date: _____	
Home Phone: _____		Best Phone: _____		Shirt Size: _____	
Email Address: _____					
Parent 1 First Name: _____		Last Name: _____		<input type="checkbox"/> Youth Small <input type="checkbox"/> Adult Medium <input type="checkbox"/> Youth Medium <input type="checkbox"/> Adult Large <input type="checkbox"/> Youth Large <input type="checkbox"/> Adult X-Large <input type="checkbox"/> Youth X-Large <input type="checkbox"/> Adult 2X-Large <input type="checkbox"/> Adult Small <input type="checkbox"/> Other _____	
Best Phone: _____		Email Address: _____			
Parent 2 First Name: _____		Last Name: _____			
Best Phone: _____		Email Address: _____			

LEAGUE USE ONLY	DIVISIONS: Please Check the Appropriate Division														
Date Paid: _____ <input type="checkbox"/> Cash <input checked="" type="checkbox"/> # _____ Reg\$: _____ Late: _____ Total Paid: _____	<table style="width:100%;"> <tr> <th style="text-align: left;">Baseball</th> <th style="text-align: left;">Softball</th> </tr> <tr> <td><input type="checkbox"/> 6U T-Ball \$50.00</td> <td><input type="checkbox"/> 8U Coach Pitch \$55.00</td> </tr> <tr> <td><input type="checkbox"/> 8U Coach Pitch \$55.00</td> <td><input type="checkbox"/> 10U Minors \$60.00</td> </tr> <tr> <td><input type="checkbox"/> 10U Minors \$60.00</td> <td><input type="checkbox"/> 12U Majors \$70.00</td> </tr> <tr> <td><input type="checkbox"/> 12U Majors \$70.00</td> <td><input type="checkbox"/> 15U Juniors \$80.00</td> </tr> <tr> <td><input type="checkbox"/> 14U Babe Ruth \$80.00</td> <td rowspan="2" style="text-align: center;">NO REFUNDS AFTER APRIL 1st</td> </tr> <tr> <td><input type="checkbox"/> 17U Babe Ruth \$80.00</td> </tr> </table>	Baseball	Softball	<input type="checkbox"/> 6U T-Ball \$50.00	<input type="checkbox"/> 8U Coach Pitch \$55.00	<input type="checkbox"/> 8U Coach Pitch \$55.00	<input type="checkbox"/> 10U Minors \$60.00	<input type="checkbox"/> 10U Minors \$60.00	<input type="checkbox"/> 12U Majors \$70.00	<input type="checkbox"/> 12U Majors \$70.00	<input type="checkbox"/> 15U Juniors \$80.00	<input type="checkbox"/> 14U Babe Ruth \$80.00	NO REFUNDS AFTER APRIL 1st	<input type="checkbox"/> 17U Babe Ruth \$80.00	Mail This Form, With Payment, To CYBL, PO Box 557, Capac, MI 48014. There Will Be A \$10.00 Late Fee If Received After March 31st.
Baseball	Softball														
<input type="checkbox"/> 6U T-Ball \$50.00	<input type="checkbox"/> 8U Coach Pitch \$55.00														
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<input type="checkbox"/> 17U Babe Ruth \$80.00															

MEDICAL HISTORY: Medications, Allergies and Special Conditions.	Emergency Contact Information
	Name: _____ Phone: _____

Please List Any Activities Your Child Will Be Involved In During The Season	Any Special Notes	CYBL Refund policy...100% refund of registration fees if before April 1st. After April 1st no refund	Fee Worksheet
1. _____ 2. _____ 3. _____ 4. _____			1. Division Fee (+) \$ _____ 2 Late Fee (+) \$ _____ Total Payment Included \$ _____

Capac Youth Baseball League will provide a team shirt and cap. All Players 12 and under will need to provide their own pants and shoes, as well as gloves. Boys must provide and wear a protective cup at all times. No jewelry will be allowed.	Please visit our web information at www.capacbaseball.org for League news and updates. We will be updating our link as much as possible throughout the year, so please check back often. Send questions by email to maryriley1@aol.com	All children will play on a team in this "Everyone Plays" program. There will be NO special requests accepted for ages 9 & up, unless the players parent is the coach and wishes their child to be on their team.
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MEDICAL AUTHORIZATION / PERMISSION TO PLAY GRANT OF CONSENT

In the event reasonable attempts to contact the parents or guardians have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by a Physician, Dentist or Emergency Worker, and the transfer of the child to the closest most appropriate hospital or medical facility.

NOTE: This authorization does not cover major surgery unless the medical options of two other licensed Physicians or Dentists, concurring in necessity for such surgery, are obtained BEFORE the surgery IS PERFORMED.

Participants Name: _____ <div style="text-align: center; font-size: small;">Please Print Name</div>	Parent/Guardian: _____ <div style="text-align: center; font-size: small;">Please Print Name</div>
Date: _____	Parent/Guardian: _____ <div style="text-align: center; font-size: small;">Signature</div>