

GCYSB 2018- Registration Form
Registration open from February 15th - 26th

Ballplayer Participant's Information

Last Name: _____ First Name: _____ MI: _____

Address (Street, Town, Zip): _____

Phone: _____ Sex: M / F Birthday : _____ Current grade in School: _____

Participant's level (League Division) of play this year, check one:

T-Ball (pre-k & k) _____ Minor (1st-2nd) _____ American (3rd-4th) _____ Major league (5th-6th) _____

FEES:

\$40 (T-Ball) _____ \$40 (Minor) _____ \$40 (American, Major) _____
(2ND CHILD IS \$30; 3RD CHILD IS \$20)

*****LATE FEE OF \$15.00 WILL BE APPLIED TO REGISTRATIONS TAKEN AFTER FEBRUARY 26, 2018 AND NO GUARANTY ON T-SHIRT****

There will be a HARD CUT OFF as of March 20, 2018! No registrations will be accepted after that date.

Shirt size:

Youth size:

Adult size:

_____ X-Small
_____ Small (6-8)
_____ Medium (10-12)
_____ Large (14-16)

_____ Small
_____ Medium
_____ Large
_____ X-Large

Parent Information:

Dad's Last Name: _____ First Name: _____ Phone: _____

Email: _____

Mom's Last Name: _____ First Name: _____ Phone: _____

Email: _____

Number to call or text for best chance of notifying for game or practice delay or cancellation:

****Way to Register:**

Mail or drop off registration form to:

Jefferson Parks and Recreation **OR**
204 W Harrison St
Jefferson, IA 50129
Phone: 515-386-3412

GCYSB
PO Box 25
Jefferson, IA 50129

Make Checks payable to: GCYSB

***Kids Treats-** T-Ball Boys and Girls will be the only teams that receive the free \$0.75 treat

Parent Participation

Is either parent interested in coaching(____); assisting with coaching(____); or umpiring (____), other (____)?

Emergency Information

Doctor:_____ Phone:_____

Medical Notes:_____

Emergency Contact other than parent:_____

Phone:_____ Relation:_____

Code of Conduct

Code of conduct refers to: coaches, parents or guardians, players and spectators.

No participant/parent/guardian or spectator shall demonstrate or engage in unsportsman like conduct, or engage in or be involved in any conduct ruled detrimental to the high conduct expected of all participants during any GCYSB function.

Conduct during a GCYSB activity, which shall be considered to be unsportman like and detrimental may include but is not limited to:

1. Abusive or profane language, actions or conduct directed against any official, player, coach or spectator.
2. Conduct or actions which may be immoral, illegal or offend a reasonable person.
3. Conduct or actions which reflect unfavorably or discredit the GCYSB.

Violations of the above will subject the participant to appropriate actions by the GCYSB or an official, officiating the game. Such action may include a warning or immediate ejection from the activity or function. If such conduct constitutes gross misconduct detrimental to the function, the participant is subject to the dismissal.

I/We further agree to abide by the CODES OF CONDUCT and understand that not doing so may result in the immediate loss of further participation in ALL GCYSB Activities.

Parent or Guardian signature:_____ Date:_____

Parent or Guardian signature:_____ Date:_____

Player signature:_____ Date:_____

Acknowledgement

I/We know participation in baseball/softball may result in serious injuries and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify and agree to hold harmless the local Little League, GCYSB, the organizers, sponsors, participants and persons transporting my/our child to and from activities for any claim arising out of any 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 will return any equipment issued in good condition as received except for normal wear and tear. I/We acknowledge that to volunteer for certain little league positions I may be subject to a public records background search. I/We, the parent(s) of above name candidate for a position on a GCYSB team, hereby give my/our approval to participate in any and all GCYSB activities, including transportation to and from activities.

I/We also grant permission to qualified medical personnel, such as E.M.T to provide first aid to my/our child if injured during a practice, game or transport in my absence.

Parent(s) or Guardian signature(s):_____