



REGISTRATION FORM – GIRLS
 Pineville Youth Baseball & Softball Association
 PO Box 3523 Pineville, LA 71361-3523
www.pinevilleyouthbaseball.org

Sweetees(4 - 6 years)
 Darlings (7-8 years)
 Angels (9-10 years)

Ponytails (11-12 years)
 Belles (13-15 years)
 Debs (16-18 years)

Registration Date: _____ Player's DOB: _____

Name: _____

As it appears on birth certificate
 (First) (Middle) (Last)

Address: _____
 (Street) (City) (State/Zip)

Father's name: _____

Mother's name: _____

Emergency contact: _____

	Father	Mother	Emergency Contact
Home phone:	_____	_____	_____
Work phone:	_____	_____	_____
Cell phone:	_____	_____	_____
Email:	_____	_____	_____

Has child played in Pineville before? If so, what division? _____

Parental Authorization – Please Read

I, parent or guardian of the above named player hereby give approval for his/her participation in any and all league activities during the current season. I assume all risks and hazards incidental to sports participation including transportation to and from all activities; and do hereby waive, release, absolve, indemnify and agree to hold harmless the parent or local league organization, organizers, sponsors, supervisors, participants, and person transporting the player to and from activities, and any claim arising out of injury to the player, except to the extent and in the amount covered by accident and/or liability insurance held by the local league. **DIXIE INSURANCE POLICY: THIS IS A SECONDARY POLICY SIMILAR TO THE INSURANCE COVERING CHILDREN IN SCHOOL. IT DOES HAVE A DEDUCTIBLE PER INJURY THAT THE PARENT/GUARDIAN IS RESPONSIBLE FOR PAYING.**

I also grant permission to managing personnel or other league representatives to authorize and obtain medical care from any licensed physician, hospital, or medical clinic should the player become ill or injured while participating in league activities away from home, or at other times when neither parent is available to grant authorization for emergency treatment.

I will furnish a certified birth certificate of the above named candidate to league officials. **I DO HEREBY AGREE THAT MY CHILD WILL PLAY WITH ANY TEAM TO WHICH HE/SHE IS ASSIGNED.**

 Parent/Guardian Signature

 Parent/Guardian Printed Name

First Child : \$65.00
 Second Child: \$ 60.00
 Payment method:

Third Child: \$55.00
 Fourth Child: \$50.00

_____ cash _____ check _____ money order

 Total number of children enrolled in PYBSA Board Member

