

# 2010 SIGNAL MOUNTAIN YOUTH BASEBALL REGISTRATION FORM

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Other Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Willing to Coach? Head / Assist

**Important: The age determination date for All-Star Participation is April 30<sup>th</sup>**

As of April 30, 2010 Player's Age:  Player's Grade:  All-Star Interest(y/n):

Player's Date of Birth:  Played in League Last Year(y/n):

**Important: DYB Requires Name to Be Listed EXACTLY as on Birth Certificate  
PLEASE PRINT AND FILL IN EACH BLANK**

Player's Last Name:  Suffix (Jr., III, etc):

Player's First Name:  Player's Middle Name:

Nickname: \_\_\_\_\_ Does Player Have Sibling Playing in Same (Age) League? \_\_\_\_\_

Special Requests: \_\_\_\_\_

Special Medical Conditions: \_\_\_\_\_

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## Parental Authorization and Waiver of Claims

*I, parent or guardian of the above player, hereby give approval to his/her participation in any and all league activities during the current season. I assume all risks and hazards incidental to such participation, including transportation to and from the activities. FURTHERMORE, on behalf of myself and the player, his/her heirs, successors, and or assigns, do hereby waive release, absolve, indemnify, and agree to hold harmless the league, its officers, directors coaches, participants, volunteers, sponsors, and/or persons transporting the player to and from activities, the Hamilton County General Counsel General Government, the Hamilton County Department of Education, the town of Signal Mountain, Tennessee, and the Signal Mountain Youth Baseball Association, Inc. for any claim arising out of an injury to the player.*

*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/guardian available to grant authorization for emergency treatment. I further agree that I will assume all financial responsibility for any medical claims for the treatment administered to the player.*

*I will furnish a certified birth certificate of the above player upon request.*

Parent/Legal Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date: \_\_\_\_\_

(Signature)

## REGISTRATION DETAILS

**Fees: 7-12yr: \$80 per player/4-6yr: \$70 per player/Family Maximum: \$200**

**Mail Check & Form (Must be RECEIVED by MONDAY, FEB. 15<sup>th</sup>, Space Limited)**  
**to SMYB, PO Box 574, Signal Mountain, TN 37377**

**Make Checks Payable to: SMYB**

Or

**Sign-up at Town Hall February 6<sup>th</sup> & 13<sup>th</sup> from 9am-Noon**