



2003 NSYBA HIGH SCHOOL FALL BASEBALL REGISTRATION

Registration form fields: PLAYER NAME, ADDRESS, CITY, STATE ZIP CODE, PLAYER TELEPHONE, PLAYER EMAIL ADDRESS, EMERGENCY CONTACT NAME AND TELEPHONE, HIGH SCHOOL, TEAM / TEAMMATE / COACH PREFERENCE(S), JERSEY SIZE, PARENT/GUARDIAN NAME(S), PARENT/GUARDIAN ADDRESS, PARENT CITY, STATE ZIP CODE, PARENT/GUARDIAN TELEPHONE, PARENT/GUARDIAN EMAIL ADDRESS, 2003-4 ACADEMIC YEAR, POSITION(S) PLAYED, JERSEY # REQUESTED, PANTS SIZE.

IF YOU PLAY A HIGH SCHOOL AUTUMN SPORT: THE NSYBA ENCOURAGES YOU TO CHECK WITH YOUR COACH BEFORE REGISTERING

WAIVER OF LIABILITY: I give my approval and permission for [Name of Player] to participate in the activities of the North Suburban Youth Baseball Association (NSYBA). I agree that he/she and I will follow all league and NSYBA rules of play and conduct.

PLEASE INCLUDE WITH THIS REGISTRATION FORM: 1. Photocopy of a report card. 2. A deposit of \$100.00 made out to "NSYBA." MAIL TO (REGISTRATION DEADLINE SEPTEMBER 10): TOM KENDALL NSYBA FALL BALL REGISTRAR

PARENT/GUARDIAN SIGN AND DATE, NSYBA USE ONLY: HS YEAR VERIFIED, DEPOSIT RECEIVED, BALANCE RECEIVED, TEAM, NOTES