

PLEASE NOTE: EBSA Fall Ball teams will compete in the North Suburban Youth Baseball Association (NSYBA) Fall Ball season. Please use this form to register in the league, and send your registration information to EBSA at the address listed at the bottom of this form. If you have any questions about Fall Ball, please contact Mark Miller, EBSA Pony League Commissioner, at markjmiller@yahoo.com.

PLAYER NAME _____ PARENT/GUARDIAN NAME(S) _____
 ADDRESS _____ PARENT/GUARDIAN ADDRESS (if different) _____
 CITY, STATE ZIP CODE _____ PARENT CITY, STATE ZIP CODE (if different) _____
 PLAYER TELEPHONE _____ PARENT/GUARDIAN TELEPHONE (if different) _____
 PLAYER EMAIL ADDRESS _____ PARENT/GUARDIAN EMAIL ADDRESS _____
 EMERGENCY CONTACT NAME AND TELEPHONE _____
 SCHOOL _____ BIRTH DATE (month day, year) _____
 SPRING LEAGUE / TEAM / COACH (if played) _____ POSITION(S) PLAYED _____ TEAMMATE / COACH REQUEST(S) _____

VERY IMPORTANT! PARENT(S) OR GUARDIAN(S) MUST SIGN!

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. I understand that baseball is a sport which carries risks of injury, including collisions, tripping, or being hit by a ball or bat, and that protective equipment does not prevent all injuries to players. I hereby waive, release, indemnify, and hold harmless the community, park district, league or other entity which is the sponsoring organization of his/her team, the North Suburban Youth Baseball Association, the organizers, sponsors, supervisors, participants, and persons transporting the Player to and from activities, and also the community, Park District and/or other entity on whose fields the participating teams and the above Player play baseball, from every and any claim arising out of any injury whether the result of negligence or any other cause. I warrant that the above Player is my child and/or I am the legal guardian of the Player and that my child/ward and I understand the NSYBA rules of play and conduct and agree to follow them.

PARENT/GUARDIAN SIGN AND DATE

PLEASE INCLUDE WITH THIS REGISTRATION FORM:

1. Photocopy of your birth certificate. This is to verify age eligibility only.
2. Check for \$40.00 made out to "EBSA". This fee will cover registration, and a team jersey to be supplied by EBSA.

MAIL TO (DEADLINE FRIDAY, AUGUST 20):

**MARK MILLER
EBSA Pony League Commissioner
EBSA
P.O. Box 6351
Evanston, IL 60204-6351**

EBSA USE ONLY:

PAYMENT RECEIVED _____

LEAGUE / TEAM ASSIGNMENT _____

NOTES _____
