



NORTH SUBURBAN YOUTH BASEBALL ASSOCIATION

P.O. Box 187
Wilmette, IL 60091-0187
847-492-1284
www.nsyba.org

2004 NSYBA PONY LEAGUE FALL BASEBALL REGISTRATION

PLEASE NOTE: This is a general registration form for players aged 12-14. Please use your league's fall ball registration form, if they have one, instead of this one. If you don't have a team to affiliate with, didn't play spring or summer baseball, your league is not playing in NSYBA Fall Ball or you want to be in a different league, please use this form. We'll do our best to find the right team for you.

Registration form fields: PLAYER NAME, ADDRESS, CITY, STATE ZIP CODE, PLAYER TELEPHONE, PLAYER EMAIL ADDRESS, EMERGENCY CONTACT NAME AND TELEPHONE, SCHOOL, PARENT/GUARDIAN NAME(S), PARENT/GUARDIAN ADDRESS (if different), PARENT CITY, STATE ZIP CODE (if different), PARENT/GUARDIAN TELEPHONE (if different), PARENT/GUARDIAN EMAIL ADDRESS, 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. If you're an unaffiliated player, include a non-refundable deposit of \$25.00 made out to "NSYBA." The final amount due depends on the league with which you are registered. If you are playing with an affiliated team, your league will bill you.

MAIL TO (REGISTRATION DEADLINE AUGUST 23):

TOM KENDALL
NSYBA FALL BALL REGISTRAR
P.O. BOX 187
WILMETTE, IL 60091-0187

NSYBA USE ONLY:

DEPOSIT RECEIVED
BALANCE RECEIVED

LEAGUE / TEAM ASSIGNMENT

NOTES