



NORTH SUBURBAN YOUTH BASEBALL ASSOCIATION

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

2012 NSYBA PONY LEAGUE REGISTRATION

PLEASE NOTE: This is a general registration form for players aged 12-14. Please use your league's registration form, if they have one, and register through them. If you don't have a team to affiliate with, please use this form. We'll do our best to find the right team for you.

PLAYER NAME, ADDRESS, CITY, STATE ZIP CODE, PLAYER TELEPHONE, PLAYER EMAIL ADDRESS, 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

EMERGENCY CONTACT NAME AND TELEPHONE

SCHOOL, SCHOOL GRADE (2011-2012 year), BIRTH DATE (month day, year)

LAST LEAGUE / TEAM / COACH, POSITION(S) PLAYED, TEAMMATE / COACH REQUEST(S), JERSEY SIZE, PANTS SIZE, CAP SIZE (sm-med or lge-xl)

REGISTERING FOR SEASONS: Check all that apply. Spring, Summer, Fall

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 NSYBA, 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

CERTIFICATION OF AGE: I hereby certify that [name of player] is in the [grade] grade at [name of school] during the 2011-2012 academic year.

PARENT/GUARDIAN SIGN AND DATE

IMPORTANT: Please understand that all participating leagues and organizations have a fee to play, which can be as much as two hundred dollars per season. This fee covers uniforms/jerseys, baseball caps, baseballs, insurance, umpiring expense, diamond rentals, etc. Please make payment arrangements directly with the participating league or organization. revised February 2012

MAIL TODAY TO TOM KENDALL NSYBA REGISTRAR P.O. BOX 187 WILMETTE, IL 60091-0187

date received, notes, league assigned to

And please email me — tom.kendall@mostlyclassics.net — to let me know your application is on its way.