

NMCYSA



Shirt Size _____

North Monterey County Youth Softball Association
WWW.NMCYSASOFTBALL.COM

PLAYER REGISTRATION FORM

PLAYERS

NAME _____

ADDRESS _____ CITY _____ ZIP _____

HOME PHONE _____ MOM CELL _____ DAD CELL _____

MOMS NAME: _____ DADS NAME: _____

SCHOOL _____ GRADE _____

BIRTH DATE _____ PLAYERS AGE _____

AGE ON JANUARY 1 THIS YEAR _____ BIRTH CERT YES/NO

Registration fees, SOFTBALL --- \$70 T-BALL --- \$55

PAID YES/NO CASH CHECK Amt, Paid _____ CHECK # _____

Late Registration, Fees-increase by \$10 (late fee begins in February)

T-BALL 10 & under 12 & under 15 & under

Age Groups subject to availability, determined by number of Applicants & Ages.

A \$10 discount given per additional sibling. Scholarships and work partnerships are available upon board approval only.

Message Phone, 663-4415 **No Refunds will be given without NMCYSA Board approval**

PARENTAL/GUARDIAN AUTHORIZATION

Permission to participate in the above program is given to me and/or minor child as shown above. In consideration of participation in this program. I hereby release North Monterey County Youth Softball Association, it's agents, board members, associates and persons transporting the players to and from activities, from any and all liability for any injury suffered by myself or my child arising from or connected with this program and I assume all risk for injuries received, except to the extent and in the amount covered by accident and/or liability insurance held by NMCYSA. All fees support cost for uniforms, park fees, insurance cost, etc.

I also grant permission to managing personnel or other NMCYSA 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 pursuant to the provision of Section 258 of the Civil Code of California.

By Signing you agree to the terms as stated above. You also agree to follow our Parents Code of Conduct.

Signature of Parent or Legal Guardian _____ Date _____

Mom Email: _____ Dad Email: _____

COACHES AND VOLUNTEERS

In order to make this program a success, we need parent participation in areas such as team parent, coaches, scorekeepers, field maintenance snack bar etc. If interested please sign below. Thank You, **NMCYSA Board**. Coaches will be certified through ASA training classes and have background checks done by **NMCYSA Board** using resources available to the **NMCYSA Board**.

Name _____ Telephone _____