

# 2020 CHINA YOUTH LEAGUE REGISTRATION FORM

**BASEBALL:**  T-Ball  Farm (Coach Pitch)  Minors  9-12 Little League

**SOFTBALL:**  10U Minors (Coach Pitch)  10U Majors  12U Majors

**Volunteering?**  Concession  Umpiring  Coaching  Board Member

**FEE:** \_\_\_\_\_  Individual \$30  Family \$45  Check # \_\_\_\_\_  Cash

***Concession Opt-Out Fee \$35: Y\_\_ N\_\_ By checking yes with payment you are not obligated to volunteer in concessions. By checking no you are obligated to volunteer at least one night in concessions***

Player Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ Gender:  Male  Female

Town/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**PARENT INFORMATION: Please Print**

Parent/Guardian #1	Parent/Guardian #2
Name: _____	Name: _____
Phone: Home: _____ Cell / Work: _____	Phone: Home: _____ Cell / Work: _____
E-mail: _____	E-mail: _____

**MEDICAL INFORMATION:**

**Medical Alert:** \_\_\_\_\_

<p>1. I/We, the parents/guardians of the above-named candidate for a position on a Little League team/ASA Softball, hereby give my/our approval to participate in any and all Little League/ASA Softball Activities.</p>	<p>5. I/We understand that our child (candidate) may be chosen at anytime to play on a Major Division team, if he or she is of the correct age for such division as determined by the local league and Little League Baseball/ASA Softball. Declining to move up to such a Major Division team will result in the forfeiture of eligibility for the Major Division team for the current season, and may be subject to further restrictions by the local league.</p>
<p>2. I/We know that participation in baseball or softball may result in serious injuries and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify, and agree to hold harmless the local Little League/ASA Softball, Little League Baseball, Incorporated, the organizers, sponsors, supervisors, participants, and persons transporting my/our child to and from activities from any claim arising out of any injury to my/our child whether the result of negligence or for any other cause.</p>	<p>6. I/We agree to provide proof of residence and age. I/We understand that our child (candidate) must be eligible under the residence and age regulations of Little League Baseball, Incorporated/ASA Softball to participate in the China Youth League. If any controversy arises regarding residence and/or age, the decision of the Charter Committee in Williamsport shall be final and binding.</p>
<p>3. I/We agree to return upon request the uniform and other equipment issued to my/our child in as good conditions as when received except for normal wear and tear.</p>	<p>7. I/We will furnish a certified birth certificate of the above-named candidate to League Officials.</p>
<p>4. I/We understand that our child (candidate) may be required to try out for a team. If such does not attend scheduled tryouts, the candidate may not be eligible to be placed on a tryout team without approval from Board of Directors.</p>	

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

# China Youth League

## MEDICAL RELEASE FORM

Note: To be carried by any Regular Season or Tournament Team Manager together with team roster or eligibility affidavit.

Player: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Parent or Guardian Authorization:

In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel. (i.e. EMT, First Responder, E.R. Physician)

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

### In case of emergency contact:

\_\_\_\_\_  
Name Phone Relationship to player

\_\_\_\_\_  
Name Phone Relationship to player

Please list any allergies/medical problems, including those requiring maintenance medication. (i.e. Diabetic, Asthma, Seizure Disorder)

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

Date of last Tetanus Booster: \_\_\_\_\_

\_\_\_\_\_  
Authorized Parent/Guardian Signature

\_\_\_\_\_  
Date

WARNING: Protective Equipment cannot prevent all injuries a player might receive while participating in Baseball/Softball.