

Travel Baseball

These teams are for boys or girls

Age 9 through Age 14

As of April 30, 2010

Last year's participation breakdown:

Boys: 100.0% Girls: 0.0%

DUBLIN YOUTH ATHLETICS

4285 W. Dublin Granville Road

Dublin, Ohio 43017

2010 BASEBALL SIGN-UP SHEET

For Office Use

Date Rec'd

Amt Paid

Check #

Player's Name **PLEASE PRINT CLEARLY**

First

Last

Player's Address

Number

Street

Zip

Player's Phone

Team/Coach for 2010 season:

E-Mail Address

(for coach's use only)

Gender M / F

Birthdate

(circle one)

M M D D Y Y

Dublin City S.D. School (See note below)

Grade

(Please show Dublin School District School you attend or would attend; Please DO NOT list private schools, parochial schools, etc.

Players must attend Dublin City Schools, live within the Dublin School District, or live in the City of Dublin to be eligible.)

Father's/Guardian's Name

Work Phone

Mother's/Guardian's Name

Work Phone

Other phone number for contact or emergencies

DYA is a volunteer organization. Please volunteer to help make this and other DY A programs possible for your child by checking one of the participation boxes.

Coach:

Umpire:

Evaluator at Travel Baseball Team tryouts:

Assistant Coach:

Evaluator at Travel Basketball Team tryouts:

Serve on Board of Directors:

Staff Tables at Sign-Ups:

Help with Office paperwork:

I understand that our travel baseball team is responsible for funding its own expenses (league fees, tournament fees, umpires, insurance, equipment, etc.) I also understand that the application fee is not designed to cover all of our team's expenses and that I may be called upon to help with fundraising activities to offset expenses which exceed the total application fees for our team.

Signature of Parent or Guardian

Date

FEE = \$150.00

Make check payable to DY A or DUBLIN YOUTH ATHLETICS

Liability Release and Medical Disclosure

In consideration of Dublin Youth Athletics providing a baseball program the undersigned, individually and as parent or legal guardian, does release, indemnify, and discharge Dublin Youth Athletics, Inc., its officers, directors, coaches, and appointees from any and all claims, liabilities, and damages related to bodily injury or sickness and property damage sustained by the above child resulting from his/her participation, practice, play, or travel to and from play or practice in the DY A baseball program.

Furthermore, I agree to advise my child's coach at the beginning of the season of any and all medical conditions that may affect my child's participation in the DY A baseball program. However, I am responsible to be at practices and games if his/her special condition requires it.

Signature of Parent or Guardian

Date