

1. Did you play Baseball in Forney last year? **YES** or **NO** circle one
 If you circled NO you will automatically be in the draft... skip question #2 & #3

2. If you circled YES...and your last year's team is returning do you wish to return to that team?
 Please circle the League and give your last years Team Name that you want to return to.
Last Year League: TB CP 9-10 11-12 13-14 circle one
Last Year Team:

3. If you circled YES...and **YOU WISH NOT TO RETURN TO YOUR LAST TEAM.**
 You may elect to go into the DRAFT, Do you wish to go back into the DRAFT? circle YES or NO



F.Y.A. 2009 Spring Baseball

\$75

Kid Pitch 11-12
Age 11-12

Child's Name

First _____ Last _____

Sex: M or F circle one. **How old will the child be on April 30, 2009?** _____ Years Old

Child's Date of Birth: _____ **Child's School:** _____

PARENT (S) / GUARDIAN (S) : _____ **Birth Certificate Received>>>>** Check if Rec.

NAME: _____

ADDRESS: _____ **CITY:** _____ **ZIP:** _____

HOME PHONE: _____ **WORK PHONE:** _____

CELL PHONE: _____ **Email:** _____

LIST ANY MEDICAL PROBLEMS: _____

CONTACT IN CASE OF EMERGENCY: _____

PERSON TO CONTACT: _____ **PHONE:** _____

CHILD'S DOCTOR: _____ **PHONE:** _____

AS THE PARENT OR LEGAL GUARDIAN OF THE ABOVE NAMED PLAYER, I HEREBY GIVE MY CONSENT FOR EMERGENCY MEDICAL CARE AS PRESCRIBED BY A DULY LICENSED DOCTOR OF MEDICINE. THIS CARE MAYBE GIVEN UNDER WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE LIFE, LIMB OR WELL BEING OF MY ABOVE NAMED DEPENDENT. I FURTHER AGREE TO HOLD THE F.Y.A. AND ANY OF THEIR AGENTS HARMLESS OF ANY CLAIMS THAT MIGHT BE ASSERTED BY US OR OUR CHILD AS A PARTICIPANT OF ANY F.Y.A. SPONSORED SPORT. WE AGREE THAT MY CHILD SHALL BE TRANSPORTED BY ME TO AND FROM F.Y.A. FUNCTIONS, WHETHER PRACTICE, GAMES OR OTHER EVENTS. IN THE EVENT I DO NOT TRANSPORT SUCH CHILD TO/FROM ANY EVENT I WILL EXPRESSLY STATE TO THE COACH OR PERSON IN CHARGE BY WHOM MY CHILD BY CHILD SHALL BE TRANSPORTED. I/WE DO NOT HOLD THE F.Y.A. RESPONSIBLE FOR ANY INJURY WHICH MAY HAPPEN DURING OR BECAUSE OF SUCH TRANSPORTATION. ALSO BY SIGNING THIS, THE "PARENTS / GUARDIANS" AGREES TO ABIDE TO THE: PARENTS CODE OF CONDUCT / ZERO TOLERANCE POLICY.

SIGNED THIS _____ **DAY OF** _____ **2009**

BY: _____ **PARENT / GUARDIAN**

F.Y.A. Needs Volunteers!! Please indicate below which area you as a parent or guardian will Volunteer for:



Coach _____ **Asst.Coach** _____ **Team Mgr.** _____ **Commissioner** _____ **Volunteer** _____

compensated positions: Umpire _____ **or Official score keeper** _____

PAID: \$ **CASH** **OR** **CHECK #** _____ circle one

NOTES: