

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

**\$50**

**Tee-Ball  
Age 5-6**

## 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:**