



PUTNAM YOUTH BASEBALL

2009 Registration

www.PutnamBaseball.com

Voice Mail: 503-652-9592, Email: information@PutnamBaseball.com

PO Box 68737, Oak Grove OR 97268

FEES

	Grade	Regular Fee	Fee after Feb 16th
T-BALL	PK - 1	\$60	\$60
ROOKIE BALL	2	\$80	\$80
MIDGETS	3-4	\$90	\$100
JUNIORS	5-6	\$105	\$115
SENIORS	7-8	\$125	\$135

\$20 OF FEE NON REFUNDABLE. Family cap of \$230

Last Name: _____ First Name: _____ Gender: M F

Address: _____ Age on 7/31/2009: _____ Birth Date: _____

City: _____ Zip: _____ School: _____ Grade: _____

Home Phone: _____ Number of Years Played: _____

Parent/Guardian Email: _____

Parent/Guardian #1: _____ Wk Phone: _____ Cell Phone: _____

Parent/Guardian #2: _____ Wk Phone: _____ Cell Phone: _____

Did this player play for PYB last year? Yes No

Does this player live in the Putnam High School attendance area? Yes No

Players Shirt Size: (Circle one) YS YM YL YXL AS AM AL AXL AXXL

Players Pant Size: (Circle one) YS YM YL YXL AS AM AL AXL AXXL

How did you hear about our registration dates? _____

The Success of PYB depends almost exclusively on our volunteers. Therefore we are asking every family to get involved.

We ask you to commit to a selection below in order to help guarantee our continued success:

This season I will help by:

<input type="checkbox"/> Coach	<input type="checkbox"/> Event Concessions	<input type="checkbox"/> Try-Outs
<input type="checkbox"/> Asst Coach	<input type="checkbox"/> Team Volunteer	<input type="checkbox"/> Field Maint.
<input type="checkbox"/> \$20 Scholarship Donation	<input type="checkbox"/> Tournament Volunteer	<input type="checkbox"/> _____

Alternate Person to Notify in Emergency: _____ Phone: _____

Personal Health/Accident Insurance Carrier: _____ Policy No: _____

Name of Player's Physician: _____ Phone: _____

In case of an emergency: I authorize PYB to use their best judgment in obtaining medical services for my child. I also give permission to the physician selected by PYB to render medical treatment deemed appropriate and necessary to preserve the well-being of my child. Further, I do hereby waive, release, absolve and agree to hold harmless PYB, its Board of Directors and any person, directly or indirectly involved with my child while participating in PYB activities, from any and all claims arising out of any possible injury or injuries to my child.

There is a \$20 non-refundable portion of the registration fee. Refund requests for the remaining portion of the fee must be presented in writing to the PYB Board of Directors. There is no guarantee of additional refund.

Signature _____ Date: _____
(Parent/Guardian)

LEAGUE USE ONLY

Payment Received: Cash _____ Check # _____ Amount: \$ _____