

Lake Youth Baseball

Registration - 2012 Season

When & Where:

- 8:30 a.m.-12:00 p.m., Saturday, January 21st at Advent Lutheran Church Community Room. (1516 Edison Street NW Uniontown, Ohio)
- 8:30 a.m.-12:00 p.m., Saturday, January 28th at Hartville Giant Eagle Community Room. (907 W Maple St Hartville, 1516 Edison St.) Please enter from the outside side door to the community room.

Help Needed: We are always in need of Team managers, assistant coaches, field maintenance workers, concession workers and umpires.

A word about the Registration Deadline: Lake Youth Baseball needs time to do the best job of forming teams and ordering uniforms for the new season. We will make every attempt to place all players on teams, but we cannot assure that players who register late will be placed on a team. There will be a \$50 penalty for any player that cancels after the uniforms have been ordered and there will be no refunds after April 30th.

Uniforms: All players will receive a new shirt, cap, and pants not to be returned. It is very important to select the right sizes. *This especially goes for Dads signing up their sons.* Samples will be available at registration to help in determining the correct sizes. Changes can not be accommodated.

Trophies: All I league and T-Ball league members will receive trophies. All other teams will only receive trophies if they are winners of the Stark Central League.

Fundraiser: A fundraiser activity is being planned. All players' participation is required. The details of the fundraiser event will be unveiled during the registration sign ups.

What to bring: Bring your son to check for proper sizes. If your son has not played in Lake Youth Baseball before we will need a **photocopy of his Birth Certificate.**

If you have any questions, contact John Flower @ (330) 690-0576 or Bill O'Neil @ (330) 877-1316

Leagues	If you were Born Between From oldest to youngest	Fee
T-Ball Coach Pitch	From 6/01/2005 to 5/31/2006	\$75
I1 League	From 6/01/2004 to 5/31/2005	\$95
I2 League	From 6/01/2003 to 5/31/2004	\$95
H1 League	From 6/01/2002 to 5/31/2003	\$105
H2 League	From 6/01/2001 to 5/31/2002	\$105
G1 League	From 6/01/2000 to 5/31/2001	\$115

Leagues	If you were Born Between From oldest to youngest	Fee
G2 League	From 6/01/1999 to 5/31/2000	\$115
F1 League	From 6/01/1998 to 5/31/1999	\$150
F2 League	From 6/01/1997 to 5/31/1998	\$150
U11 & U12 Travel		\$215
U13 & U14 Travel		\$250

**Multiple child discounts: \$10 off second child, \$20 off third child and \$30 each child thereafter

**Additional Registration forms are available at www.lakeyouthsports.com or www.facebook.com/LakeYouthBaseball

Parents/Players Code of Conduct Statement

The Lake Youth Baseball's purpose is to teach the game of baseball, promote teamwork, and teach sportsmanship and respect for others. Certain rules must be adhered to by all players and parents. There are exceptions to all rules, and those exceptions will be noted.

- **Poor sportsmanship will not be tolerated by players or parents.**
- **Respect will be shown at all times for teammates, coaches, parents, umpires, and opposing teams.**
- **Parents and siblings are not allowed in the dugout. Exception: to bring a player a drink or check on them if injured.**

If you are concerned that your child is not being treated fairly and you would like an explanation, please call the head coach and arrange for a time to discuss the situation. Encourage and assist your son in approaching the situation in a mature and respectful manner. If you are not satisfied with the coaches' explanation please contact the commissioner of the league BEFORE you call the President or other members of the Board of Director's. Players will be expected to play within the framework of a team, and accept the decisions being made. If a player does not adhere to the code of conduct, their ability to register for future years can be restricted at the discretion of the Lake Youth Baseball Board. By signing, both parents agree to abide by the above code of conduct.

Parent's signature _____

Lake Youth Baseball Association

Application to Play Hot Stove Baseball

For Board Use Only

Pmt Method: cash check
Amount Paid _____
Check # _____
Initials _____ (board member taking \$)
Date _____ Child Num. _____

Last Name _____ First Name _____ League _____ Fee _____
Address _____ City _____ Zip _____
School District player lives in _____ Has your address/phone changed since last played? ___Yes ___No
Phone (330) _____ Birth Date _____ Brother/Stepbrother playing in same league? ___Yes ___No
Cell Phone (330) _____ If yes to above, sibling's name _____
Shirt Size (YS YM YL YXL AS AM AL AXL AXXL) **Pant Size** (YS YM YL YXL AS AM AL AXL AXXL)

Father's Name _____ Bus. Phone _____ Employer _____

Mother's Name _____ Bus. Phone _____ Employer _____

Email Address _____

List any medical or prohibition player has _____ Hospitalization Plan _____

Person to notify in emergency _____ Phone _____

Doctor to notify in emergency _____ Phone _____

Check all items you are willing to help in: ___Team Manager ___Assist Coach ___Field Maint ___Umpire ___Fund Raising

Emergency Medical Authorization

We, the undersigned, do hereby consent and authorize any duly authorized doctor, emergency medical technician, hospital or other medical facility to treat or attempt to treat the participant for any injuries received by said participant while he participates in any activity of Lake Youth Baseball, Inc., or while traveling to or from or competing in any Lake Youth Baseball, Inc. activity. We further authorize any licensed physician to perform any procedure while he or she deems advisable in attempting to treat or relieve any injuries or any related unhealthy conditions in said participant that may be encountered during any necessary procedure or operation. We further consent to the administration of any anesthesia as deemed advisable by any licensed physician, and do hereby further authorize x-ray examination, medical or surgical diagnosis or treatment, and hospital care to be rendered to the participant in our absence under the general or special supervision and on the advice of a licensed physician, surgeon, anesthesiologist, dentist or other qualified personnel acting under their supervision.

We, the undersigned, realize and appreciate that there is a possibility of complication and unforeseen consequence in any medical treatment, and we assume any such risk on behalf of ourselves and the participant as stated herein. We acknowledge that there has been no warranty made as to the results of any such treatment or diagnostics procedure.

Each of the undersigned expressly acknowledge and agree that they have read and understood the terms of this form, including the CONSENT TO PARTICIPATE, RELEASE, WAIVER OF LIABILITY AND INDEMNITY AGREEMENT coupled with the EMERGENCY MEDICAL AUTHORIZATION and further state that no oral representations, statements or inducements apart from the foregoing written provisions have been made.

WE HAVE READ, UNDERSTOOD, AND VOLUNTARILY SIGNED THIS RELEASE

Name of Parent or Guardian (Please Print)

Signature Parent or Guardian (Date)

Participant (Please Print)

Liability Release

I/We the parents of the above named candidate for a position on a Hotstove Baseball team hereby give my approval for participation in any and all Hotstove activities. I/We assume all risks and hazards incidental to such participation, including transportation to and from the activities and do hereby waive, release, absolve, indemnify, and agree to hold harmless the local Baseball Association, Ohio Hotstove Baseball, Inc., the organizers, sponsors, supervisors, participants, and persons transporting candidate to and from activities, for any claim arising out of an injury to a candidate, whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance.

I/We will furnish a copy of birth certificates, hospital records, or Baptismal certificate of the above named candidate with this application (not required if candidate previously played Hotstove Baseball for LYB). I/We understand this copy will be retained with this application for record.

Name of Parent or Guardian (Please Print)

Signature Parent or Guardian (Date)