

CHECK ONE BOX ONLY

- Trying out for Minors
- Trying out for Majors
- Tee Ball
- Instructional
- Minors
- Majors
- Babe Ruth Jrs.
- Babe Ruth Srs.

No 3782

**WESTMONT
YOUTH BASEBALL ASSOCIATION
Player Application**

(Please Print)

List the team and level you played on last year: Team: _____ Level: _____ Male _____ Female _____

Player's Name _____
LAST INITIAL FIRST

Address _____
CITY ZIP

Birthdate _____ Age (as of 7/31) _____

Birth Certificate _____ Birth No. _____
COUNTY STATE OR COUNTRY

Home Phone No. _____ Emergency Phone _____

Mother's Name _____ Work No. _____

Father's Name _____ Work No. _____

Please indicate any physical limitations (allergies, hearing, sight, etc.) _____

Name of family hospitalization plan _____

School attending _____

WYBA LEGAL RELEASE

I/WE, the undersigned, the parents or legal guardians of the above-mentioned applicant, hereby give approval and permission for the above applicant's participation in any and all league activities. When required, I/WE will provide adequate proof of birth shown above to qualify the above named applicant. I/WE further agree to return, upon request, the uniform and other equipment issued to the applicant in a condition as good as when received, except for normal wear and tear. I/WE shall not permit applicant to participate in any other organized ball program operating on a regional or national basis.

I/WE assume all of the risks and hazards incidental to the conduct of the activities, including transportation to and from activities, and I/WE do further hereby waive, release, absolve and agree to indemnify and hold harmless the WYBA and its officers, managers, coaches and agents, Little League Baseball Incorporated; Babe Ruth Baseball; and the Westmont Park District, its officers, agents, servants and employees; and the sponsors, supervisors and participants, any or all of them, including persons transporting the applicant to and from activities, for any and all claims resulting from injuries to the applicant.

I/WE HEREBY AUTHORIZE EMERGENCY MEDICAL TREATMENT TO BE ADMINISTERED TO THE ABOVE-NAMED APPLICANT BY ANY MEDICAL SERVICE UNIT, FACILITY OR INSTITUTION.

I have read and fully understand the above Program Details and Waiver and Release of All Claims.

Parent's or Guardian's Signature _____

LEAGUE USE ONLY

Amt. Paid _____ Cash _____ Check # _____
 Registered by _____ Date _____
 If more than 1 child registered, refer to receipt # _____
 Team _____ Level placed on _____

WHITE — WYBA

YELLOW — Player Agent

PINK — Manager

GOLD — Parent