

2019 REGISTRATION FORM



PLEASE PRINT!!!

Name Of Player _____

Registration Fee = \$ 25.00 (Make checks payable to MCYBL)

Player's Date Of Birth ____/____/____ Sex (circle one): Male Female

MUST be 4 years old before August 1, 2019 and CAN NOT be 19 years old before August 1, 2019 to play in this league.

2018/2019 School Grade (circle one): Pre-K Kindergarten 1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th 11th 12th
(MAKE SURE THIS IS YOUR CHILD'S CURRENT GRADE IN SCHOOL)

Player's Best Contact Phone Number (_____) _____ - _____

List Any Health Concerns _____

Player's Shirt Size (circle one): Youth X-Small Youth Small Youth Medium Youth Large Youth X-Large
Adult Small Adult Medium Adult Large Adult X-Large Adult 2X-Large Adult 3X-Large

Positions Player Has **Consistently** Played Before (circle all that apply): Catcher Pitcher 1st Base 2nd Base
3rd Base Short Stop Outfield

Father's Name _____ Phone Number _____

Father's Address _____

Mother's Name _____ Phone Number _____

Mother's Address _____

TEAM SPIRIT SHIRTS AVAILABLE: If you would like to order a shirt to support your child's team, please circle your shirt size below. These shirts **MUST** be paid for before they are ordered. There will be **NO** name and/or number placed on these shirts.

\$10.00 EACH: Youth X-Small _____ Youth Small _____ Youth Medium _____ Youth Large _____ Youth X-Large _____
Adult Small _____ Adult Medium _____ Adult Large _____ Adult X-Large _____

\$12.00 EACH: Adult 2X-Large _____ Adult 3X-Large _____

T-Shirt Fee = \$ _____

Madison County Youth Baseball League will furnish your player with a hat and shirt. You will need to provide your player with pants, glove, and helmet for the games. Players are **NOT** allowed to wear shorts during games.

As always the Madison County Youth Baseball League is looking for Board of Director members, team sponsors, team coaches and umpires. Please let us know if you can help with any of these positions.

Please do NOT fill out this part of the form. The treasurer from the MCYBL Board of Directors must verify this section.

Registration Fee Due \$25.00

Team Spirit Shirts Total Due \$ _____

Grand Total Due \$ _____

Total Paid By Check # _____ OR Cash \$ _____

Return Form To: April Sarakas

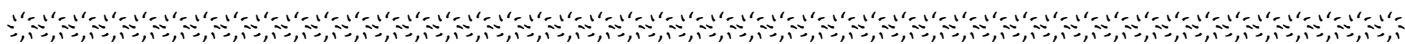
Total Balance Due \$ _____

1501 West Highway 72, Fredericktown, MO 63645

Verified By _____

Please Place On Team With _____

(This is for siblings in the same age group ONLY, we will NOT place together for ANY other reason!)

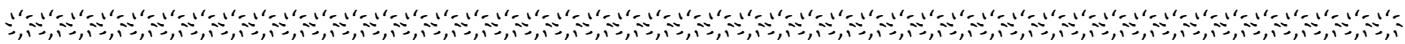


Hold Harmless Release

I (printed name of parent/guardian) _____ do hereby give my permission for (printed name of child) _____ to participate in the Madison County Youth Baseball League program and agree to forever release and hold harmless the Madison County Youth Baseball League, its President and Board of Directors, and the City of Fredericktown, and its employees from all claims, actions or judgments that the above mentioned player may have claim to for any/all personal injuries while participating in the Madison County Youth Baseball League Program. Signature of parent or guardian certifies this agreement.

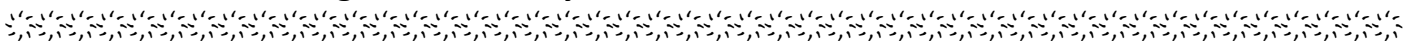
Date: ____/____/2019

Parent/Guardian Signature _____



____ (Initials) The MCYBL strongly recommends that all players use a helmet with a facemask.

____ (Initials) I understand that all shirt sales are FINAL, unless an error is made by the MCYBL or printing company. If an incorrect shirt size is requested, the MCYBL will NOT pay for a new shirt. Please double check the shirt size that you have requested. Shirts will be available at registration to try on.



ONLY complete this section if you would like to coach or help coach your child's team. Each team is ONLY allowed a sponsor and two coaches. The sponsor's child and the two coach's child(ren) are the only players that are guaranteed to be on your team. All other players will be randomly distributed.

Sponsor's Name _____

Sponsor's Phone Number _____ Text Messaging (circle one): Yes No

Sponsor's Shirt Size _____ Email _____

#1 Coach's Name _____

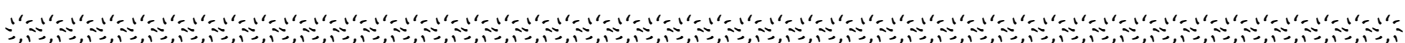
Coach's Phone Number _____ Text Messaging (circle one): Yes No

Coach's Shirt Size _____ Email _____

#2 Coach's Name _____

Coach's Phone Number _____ Text Messaging (circle one): Yes No

Coach's Shirt Size _____ Email _____



For more information, please contact your Madison County Youth Baseball League President, April Sarakas 573-747-6690 or april.sarakas@hotmail.com.