

Registrations received after:
03/09/09 – add \$10 late fee
03/27/09– players put on
waiting list and added only if
space permits

Hopedale Youth Baseball Association
P.O. Box 174, Hopedale, MA 01747
2009 – Registration Form



Registration will be held on Tuesday, January 20, 2009, 6:30 pm– 8:00 pm at the Sacred Heart Church - Reilly Center or **register online** @ www.hopedalebaseball.com

Name: _____ School: _____
 Address: _____ email: _____

Date of Birth: ____ / ____ / ____ Grade: _____ Phone Number: _____

Use the chart below to select the appropriate league for your child, and then check the appropriate box. All first year and new registrants will need to bring or submit a copy of child's birth certificate. \$10 discount for each additional registration per household.

<u>Age Determination (Birth) Date</u>	<u>Division</u>	<u>Registration Fees:</u>
05/01/2003 – 04/30/2004	<input type="checkbox"/> T-Ball – Age 5	\$60
05/01/2002 – 04/30/2003	<input type="checkbox"/> T-Ball – Age 6	\$60
05/01/2001 – 04/30/2002	<input type="checkbox"/> Junior League – Age 7	\$70
05/01/2000 – 04/30/2001	<input type="checkbox"/> Junior League – Age 8	\$70
05/01/1999 – 04/30/2000	<input type="checkbox"/> Senior League – Age 9	\$70
05/01/1998 – 04/30/1999	<input type="checkbox"/> Senior League – Age 10	\$70
05/01/1997 – 04/30/1998	<input type="checkbox"/> Major League – Age 11	\$85
05/01/1996 – 04/30/1997	<input type="checkbox"/> Major League – Age 12	\$85

I hereby give my permission for the above-named child to participate in Hopedale Youth Baseball during the 2009 baseball season. I know that playing baseball, both in a game and at practice, can be a potentially hazardous activity and should not be done unless the participant is medically able. With my signature below, I, for myself, my heirs, executors and administrators, and for the participating child listed above, waive and release any and all rights and claims for personal or property damages against the Hopedale Youth Baseball Association and any of its coaches, umpires, officers or directors, arising in any way from participation in Hopedale Youth Baseball.

Signature of Parent or Legal Guardian _____ Date _____

Please print name of Parent or Guardian _____

Our program depends on the active support of the parents and guardians of the children who participate in the league. Please note that each team will be responsible for concession stand duty, and that we are looking for concession stand weekly coordinators.

We also appreciate your help in any of the following areas. Please check below where you can provide support.
 Head Coach Asst. Coach Concession Stand Coordinator Sponsor Board Member for 2010
 Name of Volunteer(s) (please print) _____

NOTE: All Head and Assistant Coaches will be CORI checked (Criminal Offender Record) prior to being considered to coach. Please submit CORI form if interested.

FOR HYBA League Use Only

Payment Amount _____ Check No. _____ Cash Family Discount

Hopedale Youth Baseball Association Contact Points
 Address – P.O. Box 174, Hopedale, MA 01747
 E-mail Address - hyba@hopedalebaseball.com
 Website – www.hopedalebaseball.com (registration forms and online registration available on website)

HOPEDALE YOUTH BASEBALL ASSOCIATION
P.O. Box 174
Hopedale, MA 01747

EMERGENCY CONTACT & TREATMENT CONSENT FORM

You must complete, sign and return this form prior to your child's participation in any practice or game.

List two persons to contact in case of emergency:

1) Name: _____ Home Phone: _____
Work Phone: _____ Cell Phone: _____
Relationship to Player: _____

2) Name: _____ Home Phone: _____
Work Phone: _____ Cell Phone: _____
Relationship to Player: _____

Important:

Is there anything we should know about your child's health or physical condition?

B. EMERGENCY TREATMENT CONSENT

I/We grant permission, in my absence, to the coaches of my child's assigned team, or officials of the Hopedale Youth Baseball Association, to seek medical treatment for my child and further grant permission to any qualified physician or health care facility to provide emergency treatment in the event of any injury or illness requiring treatment as a result of participation in any activity of the Hopedale Youth Baseball Association.

Parent/Guardian Signature

____/____/____
Date