



PRAIRIE REC BASEBALL & SOFTBALL ASSOCIATION



SPRING REGISTRATION FORM

REGISTRATION FEE: \$70 (Please make checks payable to PYBL) SCH CASH CK# _____

BASEBALL DIVISION (OR CURRENT GRADE AS OF REGISTRATION) (CIRCLE ONE):

T-BALL (K/5 yr. old) "A" League (1st/2nd/3rd skill based) "AA" LEAGUE (3rd/4th/5th) "AAA" LEAGUE (6th/7th/8th)

SOFTBALL: Age: _____ CURRENT GRADE: _____ School Attending: _____

Player's First Name: _____ Last Name: _____

Do you have more than 1 child playing in PYBL THIS season? Y/N Sibling's Name: _____

Age as of May 1st (Must be 5 yrs old by May 1st): _____ Current School & Grade: _____

Did your child play last year and if so what team? Y / N Team: _____

Rate your child's SKILL LEVEL: (Circle) Beginner Some Experience Experienced Advanced

Shirt size (Circle One): YOUTH (XS) (S) (M) (LG) (XLG) OR ADULT (XS) (S) (M) (LG) (XLG)

Pant size (Circle One): YOUTH (XS) (S) (M) (LG) (XLG) OR ADULT (XS) (S) (M) (LG) (XLG)

Hat Size YOUTH or ADULT Shoe Size: Adult or Youth (circle one) _____

I hereby and forever discharge all sponsors of Prairie Youth Baseball League, including but not limited to College Community Schools, their agents, and all persons connected with Prairie Baseball Club, Inc and Prairie Youth Baseball League, of and from any and all rights, claims, demands, and actions of any and every nature arising from any loss, damage or injury sustained by me, or the minor for whom I am signing, which is in any way connected to or arising from participation in the Prairie Youth Baseball League. As a parent and/or player we agree to abide by the CODE OF CONDUCT set forth by the Board of Prairie Youth Baseball League.

Parent Signature: _____ Phone: _____ - _____ - _____

***PRIMARY Parent Email: _____

Secondary Parent Email address: _____

THE Online form OR the FORM BELOW MUST BE FILLED OUT AND SIGNED BEFORE YOUR CHILD MAY PARTICIPATE.

EMERGENCY TREATMENT RELEASE FORM

PARTICIPANT'S NAME _____ BOY / GIRL DOB _____

PARENT/GUARDIAN NAME _____

PHONE :(____) _____ - _____ CELLPHONE: ____ / ____ / ____

ADDRESS _____ CITY _____ ZIP _____

SPECIFY MEDICAL ALLERGIES (Including Food), CHRONIC ILLNESSES OR OTHER CONDITIONS

OTHER CONTACT IN CASE OF EMERGENCY: NAME: _____

RELATIONSHIP: _____ PHONE: _____ EMAIL: _____

As parent and/or guardian if I cannot be located, I do hereby give my permission to an authorized representative of the Prairie Youth Baseball League to obtain professional medical attention for my child in case of illness or injury. I understand that I am responsible for all costs involved. I do hereby authorize treatment by a qualified and licensed physician of the following minor in the event of a medical emergency which, in the opinion of the attending physician, is needed. This authority is granted only after a reasonable effort has been made to reach me.

NAME OF MINOR CHILD _____

THIS RELEASE FORM IS COMPLETED AND SIGNED OF MY OWN FREE WILL WITH THE SOLE PURPOSE OF AUTHORIZING MEDICAL TREATMENT UNDER MEDICAL EMERGENCY CIRCUMSTANCES IN MY ABSENCE.

SIGNED: _____ DATE: _____

RELATIONSHIP-CIRCLE ONE: FATHER MOTHER OTHER LEGAL GUARDIAN

Complete form, attach check payable to PRBSA, mail to; Deb Corrin, PYBL President, 6601 Ohio St SW, Cedar Rapids, IA 52404