



# Indian Wells Valley Youth Baseball

## REGISTRATION / EMERGENCY MEDICAL FORM



www.iwvyb.com

>> Please press hard & print all information except where noted <<

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### PLAYER INFORMATION

PLAYER NAME (Last, First, Middle)			SPRING BALL <input type="checkbox"/> FALL BALL <input type="checkbox"/>		
DATE OF BIRTH	SCHOOL	GRADE	GENDER M F		
YEARS EXPERIENCE	RETURNING TO IWVYB YES NO	T-SHIRT SIZE YXS YS YM YL YXL AS AM AL AXL A2XL			
LIST MEDICAL PROBLEMS (IF ANY)					

### PARENT / GUARDIAN INFORMATION

FATHER'S NAME (OR GUARDIAN)			MOTHER'S NAME (OR GUARDIAN)		
ADDRESS			ADDRESS		
CITY, ZIP			CITY, ZIP		
HOME PHONE	CELL PHONE	WORK PHONE	HOME PHONE	CELL PHONE	WORK PHONE
E-MAIL ADDRESS			E-MAIL		

### INSURANCE INFORMATION

MEDICAL INSURANCE COMPANY	POLICY NUMBER
PHYSICIAN AND/OR MEDICAL FACILITY	PHONE

### PHOTO RELEASE / PARENTAL CONSENT / WAIVER OF LIABILITY / MEDICAL RELEASE

<b>PHOTO RELEASE:</b> I/We, the parent(s)/legal guardian(s) of the above named player do hereby give permission for my child's photo to be taken during IWVYB events. These photos may be used for the IWVYB website, advertisements, or news articles.	<b>Initial</b>	
<b>PARENTAL CONSENT:</b> I/We, the parent(s)/legal guardian(s) of the above named player do hereby give approval for his/her participation in IWVYB and PONY baseball for the current season. I understand and agree that NO REFUNDS of registration or other fees will be made after the player is assigned to a team.	<b>Initial</b>	
<b>WAIVER OF LIABILITY:</b> I/We, the parent(s)/legal guardian(s) of the above named player, acknowledge that participation in athletic events involve risk of physical injury or death. I/We do hereby waive, release, absolve, indemnity and agree to hold harmless IWVYB, PONY Baseball, the league, it's officers, and the team manager and coaches, from any claim arising out of an injury to the above named player while involved in league activity, or transportation thereof.	<b>Initial</b>	
<b>MEDICAL RELEASE:</b> I/We, the parent(s)/legal guardian(s) of the above named player do hereby grant permission to the manager, coach, or adult listed below to obtain medical care from any licensed physician, hospital, or medical clinic at such time as either parent or legal guardian cannot be contacted in person or by phone.	<b>Initial</b>	
NAME	RELATIONSHIP TO PLAYER	PHONE
NAME	RELATIONSHIP TO PLAYER	PHONE

**SIGNATURE OF PARENT OR GUARDIAN**

**DATE**

### PLEASE VOLUNTEER

IWVYB is a volunteer organization comprised mainly of parents from within the league. Our program is operated mainly on donations from our local community and the members of our organization. If you would like to donate your time or some material, please contact a board member. Any help is appreciated by the league, it's officials, and the youth that participate in this program. Please note volunteers must fill out a Volunteer Application.

Team Manager  Team Coach  Team Mom  Parent Help  Umpire  Sponsor

### LEAGUE USE ONLY

<b>PLAYER FEE</b>	\$
<b>SNACK BAR FEE</b>	\$
Sibling name(s)	\$
	\$
<b>TOTAL</b>	\$
Payment Arrangement?	<b>Payment</b>
	<b>Balance</b>

Previously viewed Birth Certificate? YES NO	LEAGUE AGE	CASH	CHECK #
BIRTH DATE VERIFIED BY:	Age of player on April 30	REC'D BY	
	DIVISION	DATE	

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Revised 11/2010