



# 2010 BCYL Registration Form

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ M/F \_\_\_\_\_

Address \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ League Age \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Number of seasons played \_\_\_\_\_ Last team played for \_\_\_\_\_ Last season played \_\_\_\_\_

Shirt Size \_\_\_\_\_ Pant Size \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

**Check desired level of play:**

\_\_\_\_ **Senior (Ages 13-15)** \_\_\_\_ **Major (Ages 11 to 12)** \_\_\_\_ **Minor (Ages 9 to 10)** \_\_\_\_ **Rookie (Ages 7to 8)** \_\_\_\_ **T-ball (Ages 5 to 6)**  
\$150 Fee \$90 Fee \$90 Fee \$70 Fee \$70 Fee

Father' Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Mother's Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email \_\_\_\_\_

**Please Check Below:**

I am interested in coaching or helping coach a team.  I am interested in assisting with league administration.  My company/business is interested in sponsoring a team.

List any medical problem or prohibition player has \_\_\_\_\_

Person to notify in Emergency \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Doctor to notify in Emergency \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the BCYL. Recognizing the possibility of physical injury associated with sports and in consideration of the BCYL accepting the registrant for its sports programs and activities, I hereby release, discharge and /or otherwise indemnify the BCYL and it's affiliated organization and sponsors, their employees and volunteers including the owners of fields and facilities utilized for the programs, against any claims by or on behalf of the registrant as a result of the registrant's participation in the programs and/or being transported to or from same, which transportation I hereby authorize. I authorize the BCYL to have a picture of the participant on file for record keeping purposes or on the BCYL.ORG website.

**Consent for medical treatment (for minors)**

As the parent or legal guardian of the above-named player, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my dependent.

Name of Parent /Guardian (print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Return completed form with NON-REFUNDABLE payment to (checks made out to: BCYL)**

Payment Received: Cash \_\_\_\_\_ Check # \_\_\_\_\_ Amount \_\_\_\_\_ Rec By \_\_\_\_\_