



BCYL FALL BALL FOR 12-15 YEAR OLDS

Last Name _____ First Name _____ MI _____ M/F _____

Address _____ City/Town _____ State _____ Zip Code _____

Home Phone _____ Date of Birth _____ League Age (as of April 31, 2010) _____

Previously Played with BCYL Yes No Number of seasons played _____ Last Season played _____ Shirt Size _____

Father's Name _____ Phone _____

Mother's Name _____ Phone _____

Email _____

List any medical problem or prohibition player has _____

Person to notify in Emergency _____ Phone _____

The season will run from August 28 through October 16, 2010. Games will be held on Saturdays and Sundays at Central High School. Fee for the season is \$100.

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 (checks should be made out to *BCYL*)

For Office Use Only

Payment Received: Cash _____ Check # _____ Amount _____ Rec By _____