

2016 EYS BASEBALL SOFTBALL LEAGUE PLAYER'S CONTRACT

2016 OFFICERS: President: Will Brickner
 Vice-President of Softball: Nick Chaput
 Vice-President of Baseball: John Betts
 Treasurer: Sarah Drake
 Secretary: Courtney Leimeister
 Executive Board: Mike Vitaz, Kris Balde, Jon Danda, Brenda Manning, Alicia Hahn

EVERY PART OF THIS FORM MUST BE FILLED OUT, INCLUDING THE VOLUNTEER SECTION. WE ARE A NON PROFIT ORGANIZATION THAT RUNS ON VOLUNTEERS. YOUR HELP IS VITAL TO THE EYS PROGRAM.

Sibling on same team

T-Ball (co-ed) \$40
 (must be 4ys. by May 1, 2016)
 Must show proof of age at registration
USE CURRENT GRADE
 _____ Male _____ Female
 _____ Preschool _____ Kindergarten
 Age on May 1, 2016 _____

MINOR GIRLS SOFTBALL \$60 (8U)
 Age on January 1st 2016 _____ Current grade _____
 *Will include local travel this year

North Coast Softball League \$90
 Traveling teams
 Must provide a copy of birth certificate or proof of age
 _____ 10 & Under 13 & Under _____ 18 & Under _____
 Age on January 1st 2016 _____

Boys Divisions
USE CURRENT AGE
Rookie League *(8U) _____ \$60
Minor League* (10 U) _____ \$65
Major League* (12 U) _____ \$70
 Age on January 1st 2016 _____
 Current grade level _____
 *includes local travel

Boys Jr. and Sr. Pony
 Traveling teams
 Must provide a copy of birth certificate or proof of age
 \$90 each player
 _____ Jr. Pony (14U)
 _____ Sr. Pony (18U)
 Age on January 1st 2016 _____ Current grade _____

*****Any parent wishing to make a change of league request must fill out and submit a review letter obtained on our website for board approval*****

PLAYER'S NAME: _____ Home Phone: _____
 Mother's Name: _____ Cell Phone: _____
 Father's Name: _____ Cell Phone: _____
 Street address: _____
 City: _____, OHIO Zip Code: _____
 E-mail Address: _____
 School: _____ Grade: _____ Age: _____ Birthdate: _____
 Do you text? Yes/No Preferred phone for coach to text _____

Sponsor – A – Player:
 Please consider making a donation to the Sponsor-A-Player fund. This fund is designed to help those children who are unable to sign up due to financial restraints be able to play. The money from this fund will be used to sponsor a child on one of the in-house baseball or softball teams. If you are willing to donate, please indicate below:
 _____ \$1.00 _____ \$10.00 _____ Other, please specify _____
 _____ \$5.00 _____ \$15.00

EMERGENCY MEDICAL INFORMATION

Player's Name _____

In the event of an emergency, coaches will try to contact the parents of the child first. In the event the parents listed on the first page are unavailable, please list an alternate contact name and number.

Other Emergency Contact's Name: _____

Relation to Child: _____ Phone: _____ Cell Phone: _____

WAIVER OF LIABILITY AND DISCLAIMER

I/We, the parents of the above named candidate for a position on a league team, hereby give my/our approval to participate in any and all league activities including transportation to and from the activities. I/We know that participation in baseball or softball may result in serious injuries and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve indemnify and agree to hold harmless the BMYSL (Berlin Milan Youth Sports League), League Officials, members, the organizers, sponsors, participants and persons transporting my/our child to and from activities for any claim arising from any injury to my/our child whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance. I/We agree to return upon request the uniform and other equipment issued to my/our child in as good condition as when received except for normal wear and tear.

Signature _____

Date _____

PART I – To Grant Consent to Seek Medical Attention

EMERGENCY MEDICAL AUTHORIZATION

I, the parent or legal guardian of the participant, a minor, hereby authorizes the managers, coaches, or parents of team members acting in the capacity of activity supervisors/vehicle drivers, as my Agents, to consent to medical, surgical or dental examination and/or treatment. This care may be given under necessary conditions to preserve the life, limb, or well-being of my child. In case of emergency I hereby authorize treatment and/or care by any qualified, licensed physician who is available.

Signature _____

Date _____

Doctor: _____

Phone: _____

Dentist: _____

Phone: _____

Hospital: _____

Allergies: _____

Medications being taken: _____

Other pertinent information: _____

DO NOT COMPLETE THIS PART IF YOU HAVE COMPLETED PART I

PART II- Refusal to Consent

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment. I wish the coach to take the following action:

Date: _____

Parent/Guardian Signature _____

Address: _____

PLEASE CIRCLE PLAYER'S SIZES

If you are uncertain of your child's size, please bring the child with you to registration. Samples of the pants, shorts and shirts will be available for you to try on. If you order a size and it does not fit properly, you will be responsible for getting the proper size.

SHIRT SIZE- YS YM YL AS AM AL AXL

(T-Ball Players only need to indicate a shirt size)

PANT/SHORT SIZE- YS YM YL YXL AS AM AL AXL

NUMBER FOR ON BACK OF SHIRT: 1st Choice - _____ 2nd Choice - _____ 3rd Choice - _____

PARENT CODE OF CONDUCT

Child's Name - _____

1. Spectators will conduct themselves in a sportsman like manner. At any EYS (Edison Youth Sports) event, practice or competition, any adult who: 1) verbally abuses; 2) attempts to intimidate; 3) is flagrantly rude, or; 4) cannot control their language or actions with an official, coach, or EYS player or volunteer, will be asked to leave the EYS event. If he or she does not leave, the proper authorities will be called and he or she will be escorted off the property. His or her child(ren) will be immediately removed from the EYS event. The officials have the authority to order a spectator from the stands if deemed necessary and suspend play until the situation has been resolved. He or she will receive a written warning regarding his or her behavior
 2. Any adult that commits a second similar offense will be banned from EYS events for the remainder of that season and their child(ren) removed from the EYS for the remainder of that season.
 3. Any adult who physically assaults* an umpire, coach or EYS volunteer, will be banned from the EYS and their child removed from the EYS program for one year from the date of the offense.
- *The term physical assault includes, but is not limited to: hitting, slapping, pushing, spitting, kicking or striking in any way with any part of the body or any physical implement.

I have read the above and understand the consequences of my actions.

Print Father's Name (Legal Guardian)

Print Mother's Name (Legal Guardian)

Signature

Signature

Date

Date

Volunteer Choice Selection

Our baseball / softball program is a non-profit organization that needs everyone's help to be successful. Please check off on this list at least one capacity you can help with. (Every family must help in some capacity).

VOLUNTEER'S NAME _____

PHONE _____

PLAYER'S NAME _____

DIVISION _____

COACH:

____ head coach ____ assistant coach (choose league below)

____ T-Ball

____ Minor League Girls

____ Rookie League Boys

____ Minor League Boys

____ Major League Boys

____ Travel Girls Division

____ Travel Boys Division

DIVISION HEADS & COMMITTEE MEMBERS:

____ Board Member

____ Division Heads

____ Committee Member

____ Fundraising Committee

MISCELLANEOUS:

____ Field Day

____ Concession Stand

BOARD USE ONLY

Fees paid _____

SAP/division _____

Cash Amount _____

Check Amount _____ check # _____

Family Cap/division/name _____

Review letter submitted _____