

# Carlsbad Youth Baseball – Fall 2011

P.O. Box 4475, Carlsbad, CA 92018

<http://www.CarlsbadYouthBaseball.org>

Email: registrar@carlsbadyouthbaseball.org

**Note: This form has 3 pages. Please complete and mail in all pages.**

	Begins	Standard Fee	Shetland Fee
Early Registration	5/22/11	\$100.00	\$80.00
Regular Registration	7/18/11	\$110.00	\$90.00
Late Registration	8/22/11	\$130.00	\$100.00

- Please register, with payment, on time to ensure placement on a team. The registration fees and placement priority for waiting list players are based on postmarked date (not delivered date).
- Carpool requests cannot be guaranteed.
- Registration without proper fees will be returned. Pro-rated refunds are determined by the league registrar based upon the specific situation.
- Returned checks and refunds are subject to a \$25.00 fee. Refund requests must be submitted in writing to the above address.
- A family discount of \$20 for each sibling (up to a total of 8 registrants) is available.
- An additional fee of \$10 per player is required for non-Carlsbad residents (required by the City of Carlsbad).
- Please make all checks payable to CYB; mail check and completed form to the address at the top of this form.

<i>A limited number of league scholarships are available to assist families of players with financial need. Please check the box to the right if you would like to apply for a scholarship.</i>	
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*If your child has not played in CYB in the past 2 years, you must send a copy of the child's birth certificate.*

_____ Player's First Name	_____ Last Name	_____ Initial	_____ Birth Date	_____ Division (See below)
_____ Street Address	_____ City	_____ Zip Code	_____ Home Number	_____ School
_____ Father's Name	_____ Father's Work Number		_____ Father's Email	
_____ Mother's Name	_____ Mother's Work Number		_____ Mother's Email	
_____ Person to notify in an emergency	_____ Telephone Number		_____ List Medical problems/prohibitions	

**\* See the age grid below to determine your child's division \***

*(Find the player's birth month in the grid below, then look down that column and circle the birth year. The division in which they will be playing is shown at the far left of the table. Enter this division in the section above, next to birth date.)*

Division	League Age	Birth Date											
		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Shetland	4	2008	2008	2008	2008	2007	2007	2007	2007	2007	2007	2007	2007
Shetland	5	2007	2007	2007	2007	2006	2006	2006	2006	2006	2006	2006	2006
Shetland	6	2006	2006	2006	2006	2005	2005	2005	2005	2005	2005	2005	2005
Pinto	7	2005	2005	2005	2005	2004	2004	2004	2004	2004	2004	2004	2004
Pinto	8	2004	2004	2004	2004	2003	2003	2003	2003	2003	2003	2003	2003
Mustang	9	2003	2003	2003	2003	2002	2002	2002	2002	2002	2002	2002	2002
Mustang	10	2002	2002	2002	2002	2001	2001	2001	2001	2001	2001	2001	2001
Bronco	11	2001	2001	2001	2001	2000	2000	2000	2000	2000	2000	2000	2000
Bronco	12	2000	2000	2000	2000	1999	1999	1999	1999	1999	1999	1999	1999
Pony	13	1999	1999	1999	1999	1998	1998	1998	1998	1998	1998	1998	1998
Pony	14	1998	1998	1998	1998	1997	1997	1997	1997	1997	1997	1997	1997
Colt	15	1997	1997	1997	1997	1996	1996	1996	1996	1996	1996	1996	1996
Colt	16	1996	1996	1996	1996	1995	1995	1995	1995	1995	1995	1995	1995
Palomino	17	1995	1995	1995	1995	1994	1994	1994	1994	1994	1994	1994	1994
Palomino	18	1994	1994	1994	1994	1993	1993	1993	1993	1993	1993	1993	1993

**Assessments:** Please see the web site for assessment dates.

## **Parental Support**

Note: CYB's services are only as good as our all-volunteer parents can provide. We appreciate if each family can consider at least one way in which they can contribute to our league's many needs. Just place a check in the appropriate box(es) and we will contact you if necessary. Thanks for your support!

Team Manager*		Assistant Team Parent	
Assistant Coach*		Team Scorekeeper	
Team Parent		Team Sponsor	

\* Team manager and coach applicants must complete and mail in a Manager/Coach application. This form may be downloaded from [www.carlsbadyouthbaseball.org](http://www.carlsbadyouthbaseball.org) (see Forms page), and mailed in with the registration form and payment.

## **Player Information (optional)**

*Note: This information is helpful in our team formation process.*

Did this player previously participate with CYB?	
Did this player participate in CYB in the Spring 2009 season?	
Will this player be participating on another organized sports team this season? If so, what % of games and practices do you expect the player to miss? If the player is playing travel baseball, please list the team name.	
Has this player been selected to participate on an All Star team previously in CYB or similar baseball league? If so, what years?	

## **Consent for Medical Treatment (Minor)**

As parent or legal guardian of the above named player, I hereby 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 child or dependent.

**Signature of Guardian:** \_\_\_\_\_

Player's Name: \_\_\_\_\_

Family Doctor: \_\_\_\_\_

Family Dentist: \_\_\_\_\_

## **Parent or Guardian Authorization & Waiver of Liability**

I, the parent or guardian of this player, hereby give approval to his/her participation in any and all league activities during the current season. I assume all risks and hazards incidental to such participation including transportation to and from activities; and do hereby waive, release, absolve, indemnify and agree to hold harmless CYB, its organizers, sponsors, participants and persons transporting the child to and from any and all events, and or for any claim arising out of an injury to the child, to the proportionate extent that said injury is caused by a CYB participant, coach, manager, organizers, sponsors, board members. CYB's maximum liability shall be up to any amounts covered by accident and/or liability insurance held by CYB, no exceptions. I agree to be bound by the league's by-laws and rules & regulations and understand that failure to comply could result in non-acceptance of registration or suspension from the league and further understand that completion of this registration form does not mean automatic enrollment in CYB.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

## CODE OF CONDUCT

**Objective:** The goal of CYB is to assure that it's members -players, coaches, parents and officials, including members of the Board of Directors and other League representatives maintain the highest standard of sportsmanship and ethical behavior at all times. In order to achieve this goal, a Code of Conduct has been adopted by the Board of Directors of the League. In addition, procedures for the handling of violations of the Code have been developed.

**Parents/Spectators:** Parents and spectators shall refrain from the following conduct:

- Foul or obscene language
- Indecent gestures
- Physical altercations of any kind
- Umpire abuse
- Substance abuse
- Throwing any object in a show of temper or disgust
- Arguing with or verbal abuse of opposing players, coaches, or parents
- Belittling or intentionally embarrassing players, coaches or other spectators

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### PARENT ACKNOWLEDGEMENT

I have reviewed the CYB Code of Conduct, in particular the section pertaining to parental conduct.

I agree to abide by the terms of this Code at all CYB events.

Division (Shetland, Pinto, Mustang, Bronco, Pony, Colt/Palomino):

\_\_\_\_\_

Player Name (Print): \_\_\_\_\_

Parent Name (Print): \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_