



2019 TYRA Registration

Circle:

T-Ball: T-ball

Baseball: 7/8 yr. old 9/10 yr. old 11/12 yr. old

Softball: 8U 10U 12U 14U

Age Eligibility: Softball/T-ball – Players age by January 1, 2019
Baseball – Players age by May 1, 2019

Cost:

T-ball \$40.00
Individual Baseball/Softball \$50.00
Family discount: 3 athletes registered (direct siblings): \$40 discount off total
4 athletes registered (direct siblings): \$90 discount off total
5 athletes registered (direct siblings): \$135 discount off total

Make all checks payable to: TYRA (Thornville Youth Recreation Association)
If mailing: PO Box 363 Thornville, OH 43076

Sex (Circle): Male Female

Player's Name: _____ Date of Birth: _____

Address: _____

Primary contact: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Secondary contact: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Emergency Contact (if parent/guardian cannot be reached):

Name: _____ Home/Cell Phone: _____

Players Shirt/Hat Size (circle one shirt & one hat):

Youth Small Adult Small Youth Hat
Youth Medium Adult Medium Adult Hat
Youth Large Adult Large

Please print the name you would like on your child's team shirt and the 3 top choices for a number:

Name on Jersey: _____ Top 3 Number Choices: _____

TBALL ONLY: You can fill out a request of coach or list the names of kids to be on the same team together. (We will try and accommodate each request). **Softball and Baseball will have a draft.** (Coaches will draft, children do not need to be present).

Parent T-Shirt: Available for purchase for \$15 each. This is a unisex 50/50 t-shirt. Please indicate if you want the player's # (this will be added when assigned), and what name you prefer on the back. Payment is due at time of order.

(Registration/Medical Forms must be completed and copies of Birth Certificates may be required upon request if your child's age is questioned. All registration fees must be paid in full at time of registration.)

Medical Form

Hospital Preference: _____

Doctor Preference: _____ Phone: _____

Dentist Preference: _____ Phone: _____

Medical Release:

This is to certify that I, the parent and/or legal guardian of the above named child and participant in the Thornville Youth Recreation Association, hereby grant permission to the adult manager, coach, and/or assistant coach of the team of my child to obtain medical care from any licensed physician, dentist, hospital or medical clinic for my child herein at such time as either the parent and/or legal guardian cannot be contacted in person or by telephone. This authorization shall include all league activities, and we do hereby waive, release, absolve, indemnify and agree to hold harmless the Thornville Youth Recreation Association, The Village of Thornville, the organizers, coaches, supervisors, participants and persons transporting the players to and from those activities, for any claim arising out of an injury to the player.

Waiver of Liability:

I understand that participation of my child/children in this program is strictly voluntary, and I freely choose to participate. Furthermore, I release TYRA, TYRA Officers, sponsors, and any other people officially connected with this program from any liability.

Picture Waiver:

I do hereby give TYRA, its assigns, licensees, and legal representatives the irrevocable right to use my child's name, picture, portrait, image, video or photograph in all forms and media and in all manners, including composite, for advertising, for publication or any other lawful purposes, and I waive any right to inspect or approve the finished product, including written copy, which may be created in connection therewith.

Signature of Parent _____ Date: _____

