

Youngsville Athletic Association Baseball Application

T-Ball Rookie Minor Major Intermediate

Payment Method – Cash: _____ Check#: _____ Amount: _____

Manchester Youngsville Little League Baseball Application



Manchester Youngsville Little League Baseball offer multiple levels of instructional baseball from t-ball to Majors for athletes ages of 4-13. Our Intermediate program plays 70-foot baseball, modeled after the **MLB**; it is "**REAL BASEBALL**". What this means at this level there is leading, balks, and drop 3rd strikes. If your child played for us last year they are eligible to play for the Youngsville program. Our facility is located at the Lake Massabesic traffic circle.

Program Cost:

Individual Registration Fees:

All ages: \$75.00

Major and Intermediate double roster add \$40.00

Family Registration Fees:

2 or more players: \$125.00

Please Complete the Following:

Player's name: _____ Age: _____ DOB: _____

School: _____ Grade: _____

Mother's Name: _____

Best phone number to reach you at: _____

E-Mail Address: _____

Father's Name: _____

Best phone number to reach you at: _____

E-Mail Address: _____

Street Address: _____ City: _____ Zip: _____

Please complete both sides of application

Volunteers Needed:

The Youngsville Athletic Association **NEEDS YOUR HELP** to deliver a quality program to your children. Parents are asked to circle any tasks below that they can volunteer to help us with:

Field Maintenance
Umpiring

Coaching
Score Keeping

Team Parent
Board Members

****All adults working with children in the YAA Baseball program are subject to a background check****

Program Notes:

- To be eligible for the Major/Minor league draft, player must be present at tryouts.
- Cost for the baseball program runs more than \$175.00 per child; therefore, all children are expected to participate in **TWO** fund raising activities. If your child cannot participate, you will be assessed \$40.00 per child per event. Failure to comply with this policy may result in your child becoming ineligible to play baseball in the Youngsville Athletic Association Program.
- All parents from Rookie to Majors, including coaches, with children playing, are required to work in the concession stand at least 1 (one) game on their scheduled day/night. There are **NO EXCEPTIONS!** Schedules for the concession stand will be handed out before the season begins. Any parent who cannot do their assigned day will have make arrangements with another parent to switch days.

By initialing you acknowledge and will abide by the program notes above. Parent Initials _____

LIABILITY RELEASE:

I understand that the very nature of the game of baseball is hazardous and risky, including, but not limited to, the acts of pitching the ball, having the ball hit back at the pitcher, fielding the ball, swinging the bat, running, jumping, stretching, sliding, diving and collisions with other players, volunteers and stationary objects, all of which can cause serious injury or death to my child and to other participants. I/We the Parents/Guardians of _____ the named athlete do hereby give my approval to his/her participation in any of the activities associated with the Manchester Youngsville Little League Baseball program. I/We do further release, absolve, indemnity and hold harmless, the Youngsville Athletic Association of any injury my/our child may sustain while engaged in any activities associated with the Manchester Youngsville Little League Baseball program. Likewise, the responsibility of any person transporting my/our child to or from activities associated with the Manchester Youngsville Little League Baseball program.

I have read this release of liability and assumptions of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily.

Parent's/Guardian's signature: _____ Date: _____

Person to notify for any emergency: _____ Phone: _____

Physician: _____ Phone _____

Medical conditions: (if any) _____

In case of serious injury/illness, I/We the Parents of _____ give our permission and consent for emergency care prescribed by a duly licensed doctor of medicine at the local hospital if the Parents/Guardian cannot be reached.

Parent's/Guardian's signature: _____ Date: _____