

P.O. Box 8093
West Chester, OH 45069

Pisgah Youth Organization

www.pyobaseball.org

Division

Registration Form / Player Contract

Spring 2019

Player Information

Please Print Legibly

Last Name			First Name			Sex		
Street Address								
City / State / Zip								
Date of Birth			_____					
Home Telephone #			_____					
Last Year's Coach/ Team			_____					
Last Year's Division			_____					
School Attended			_____					
Shirt Size			_____					
Youth			<input type="checkbox"/> (S,M,L)			_____		
Adult			<input type="checkbox"/> (S,M,L,XL)			_____		
Positions Played (circle all positions that apply)								
Outfield			Infield ->			3B - SS - 2B - 1B		
Pitcher			Catcher			_____		
I would Like my child to play on the same team as last year.								
Yes			No			(Please Circle your Choice)		

PYO USE ONLY

Late Reg. Fee	\$20	<input type="text"/>	\$
Activity Fee			
BlastBall	\$80	<input type="text"/>	\$
TB / Coach Pitch	\$135	<input type="text"/>	\$
Baseball C & D	\$190	<input type="text"/>	\$
Baseball A & B	\$220	<input type="text"/>	\$
Baseball AA	\$255	<input type="text"/>	\$
Softball	\$175	<input type="text"/>	\$
Member Status			
First Year	\$30	<input type="text"/>	\$
Second Year	\$30	<input type="text"/>	\$
Third Year	\$30	<input type="text"/>	\$
Paid in Full	\$0	<input type="text"/>	\$
Volunteer Waiver			
Kroger Credit	\$20	<input type="text"/>	\$ -
TOTAL		<input type="text"/>	\$
Check Number / Date _____			

Parent/Guardian Information

Last Name			First Name			E-Mail		
Mobile Phone #			Employer			Work Phone#		
Last Name			First Name			E-Mail		
Mobile Phone #			Employer			Work Phone#		

Volunteer Requirement

I will help in one or more of the following areas:

- Head Coach
 Assistant Coach
 Tournament Helper
 Carpentry/Painting Projects
 Concessions
 Wherever I'm Needed
 I will donate \$20 in lieu of Volunteering

Parental or Legal Guardian Agreement/Release Waiver:

I hereby grant my son/daughter permission to participate in all baseball/softball activities, including clinics and post-season tournaments not specifically scheduled. I acknowledge that these activities may require travel in various modes of transportation, with accommodations and meals in various establishments. I acknowledge that my son/daughter participates in all activities at his/her own risk. In consideration of your permitting him/her to participate, I hereby accept any inherited risk of play or travel and hereby release the Pisgah Youth Organization and/or any other national or local organization/association with which the Pisgah Youth Organization may affiliate, and the officers, coaching staff, sponsors, volunteers, umpires, employees, agents, affiliates, heirs, successors, and assigns of each from any responsibility that you or they might have regarding the health and physical condition of my son/daughter during his/her participation. On behalf of myself, my son/daughter, our heirs, executors and assigns, I further release and forever discharge all of the above individuals and entities from any and every claim, demand, right or cause of action either in law or in equity arising from my son's/daughter's participation in all activities. The undersigned agrees to indemnify and hold harmless all of the above individuals and entities from any claim made in derogation of this release. The undersigned also agrees that my family members will abide by the PYO E-Mail Distribution Policy, the PYO Members Handbook, the Coaches and Parents Code of Conduct and all other PYO Board approved policies and regulations.

Parent or Legal Guardian Signature _____ Date _____

Notes:

Notes:
