



Grand Island Youth Baseball Registration Form

Player First Name: _____

Player Last Name: _____

Player Birth Date: _____

Player Age (as of May 1st): _____

Parent Name: _____

Cell Phone #: _____

Second Phone #: _____

Email Address: _____

Player Address: _____

Player City: _____

Player Zip Code: _____

Emergency Contact Person: _____

Emergency Contact Phone: _____

Player's School **(8 and under only)**: _____

Player Shirt Size: Youth: XSM SM MED LG (circle one)

Adult: SM MED LG XLG (circle one)

Volunteer Opportunities: Coach Assistant Coach Sponsor Board Member (circle one)

Special Medical Conditions: _____

Birth Date Cutoffs

Age Before May 1st (circle)

T-Ball/Coach Pitch: 4-6 year-old (\$50)

A-Ball: 7-8 year-old (\$50)

Minors: 9-10 year-old (\$70)

Majors: 10-11 year-old (\$70)

Juniors: 13-15 year-old (\$70)

Seniors: 16-18 year-old (\$70)

Add \$20 if paid later than April 15th

Total Payment: \$_____

Please Visit www.gibaseball.com

For a list additional items needed to participate.

Please mail registration form and money to:

P.O. Box 964 Grand Island NE 68803

Please Mail By April 15th Ensure Your Player Has A Uniform By The Start Of Games.

I/We, the parent of the above named player for a position on a Grand Island Youth Baseball team, hereby give our approval to participate in any and all Grand Island Youth Baseball League activities, including transportation to and from activities. I/We know that participation in baseball 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 local Grand Island Youth Baseball League Inc., the organizers, sponsors, supervisors, participants and persons transporting my/our child to and from activities for any claim arising of any injury to my/our child whether the results of negligence of for any cause except to the extent and in the amount covered by accident or liability insurance.

Parent: _____ Date: _____