



# Grand Island Youth Baseball Registration Form

You can also register online at [gibaseball.com](http://gibaseball.com)

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

(circle one)

Sponsor Board Member

Special Medical Conditions: \_\_\_\_\_

### Birth Date Cutoffs

#### Age Before May 1<sup>st</sup> (circle)

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

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

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

Majors: 11-12 year-old (\$70)

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

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

Bandits: (\$70)

**Add \$20 if paid later than April 1st**

Total Payment: \$ \_\_\_\_\_

Please Visit [www.gibaseball.com](http://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 1<sup>st</sup> 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: \_\_\_\_\_