



# Coatesville Youth League



## Baseball, Softball, T-Ball

(Please Print)

(circle one)

Name: \_\_\_\_\_ Male/Female Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Parent's Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

I/we assume all risks and hazards incidental to such participation including transportation to and from the activities; and I/we hereby waive, release, absolve, indemnify, and agree to hold harmless the Coatesville Youth League Officers, supervisors, participants, and persons transporting my child/children to or from these activities, for any claim arising out of injury to my child/children, except to the extent and amount covered by accident insurance.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

In case of accident:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Team Assignment \_\_\_\_\_

Please check the following if you are interested in helping:

Coach \_\_\_\_\_ Asst Coach \_\_\_\_\_ Team Mom \_\_\_\_\_ Help w/Hog Roast \_\_\_\_\_ General Help \_\_\_\_\_

If paying for more than one child, names of Other Players \_\_\_\_\_

Players shirts: Youth S M L XL  
Adult S M L XL

Coach: Adult S M L XL 2XL 3XL

One Player \$35.00

Additional NON-T-Ball Sibling \$20.00

ALL T-Ball \$25.00/ea.

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

Office use only:

Paid cash \$ \_\_\_\_\_

Paid check \$ \_\_\_\_\_ Ck# \_\_\_\_\_

Not Paid \_\_\_\_\_ Bal Due \$ \_\_\_\_\_

Playing age \_\_\_\_\_ Birth Cert. on File \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_