



# 2020 REGISTRATION FORM

## BASEBALL / SOFTBALL

(CIRCLE THE ONE THAT APPLIES)

**BOY / GIRL** (*circle one*)

**Name:** \_\_\_\_\_  
(Print Legibly)

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Contact #:** \_\_\_\_\_

**Alt. #:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Verified By:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

FOR LEAGUE USE ONLY		
AGE _____	DIVISION _____	SHIRT SIZE _____
.....		
<b>Total Amount Paid</b>		\$
\$ _____	\$ _____	\$ _____
REGISTRATION	FUNDRAISING	ADDTL FEE
<input type="checkbox"/> CASH \$ _____		
<input type="checkbox"/> CHECK \$ _____ # _____		
<input type="checkbox"/> OTHER \$ _____ # _____		
# REGISTRATIONS PAID _____		BUY OUT PAID SEPERATELY _____

**Mothers/Guardians Name:** \_\_\_\_\_ **#:** \_\_\_\_\_

**Fathers/Guardians Name:** \_\_\_\_\_ **#:** \_\_\_\_\_

As a parent or guardian, I am interested in volunteering for the following:  Sponsor  Coach  Asst Coach  CPR Cert.

***This years registration fees are \$135 per child. (\$95 participation fee and \$40 mandatory fundraising fee)***  
*After the close of the last registration date a late fee of \$25 per child will be added if a spot is available*

This fee includes medical insurance which will cover all expenses up to \$5,000. If you already have medical insurance, this is a secondary coverage. If you don't have insurance, this will be your primary coverage.

CYB is a non-profit organization. CYB strives every year to run a successful program at the lowest possible costs. One reason for our continued success stems from the support we receive every year from our parents and community. **CYB board meetings are held on the first Monday of every month at 7:00 p.m. at Costa Fields.** We encourage everyone to attend and welcome any ideas you may have, so we may continue to improve our organization.

### ASSUMPTION OF RISK, INDEMNIFICATION AND RELEASE OF LIABILITY FORM

Instructions: Participants must have this completed form on file for each activity in which he/she participates. This form must be completed by a parent or guardian for anyone under 18 years of age. I, the undersigned, being an adult, agree to assume all risks of injury arising out of my participation, or by the participation of my dependent, in any activity sponsored by Ceres Youth Baseball INC. and to make no claim whatsoever for injuries against the City of Ceres, Ceres Unified school district, or CYB, It's officers, agents, or employees by reason of my participation, or the participation of my dependent. Further, I represent that I am physically able, or that my dependent is physically able to participate in said activity.

I further agree to indemnify and save harmless the City of Ceres, or CUSD, or CYB, it's successors and assigns, from all claim for such loss, damage or injury sustained by me or my dependant, or by any person whatsoever, whether the same be caused by the negligence of the City of Ceres, CUSD, CYB or of it's officers, agents, employees, or otherwise. I further agree to assume the responsibility of careful inspection of grounds, structures, and/or other facilities at any location where I, or my dependent participate in any activity, upon arrival, and my assumption of risk as set forth above shall include the physical grounds and structures and facilities. Including any transportation utilized in connection with said activity.

\_\_\_\_\_  
 Name of participant  
 (Please Print)

\_\_\_\_\_  
 Parent or Guarding signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 In case of emergency notify

\_\_\_\_\_  
 Phone