

**ELMHURST YOUTH BASEBALL
REGISTRATION FORM
2010 FALL BASEBALL: COMP. FARM DIVISION
8 YEARS OLD AS OF 8/31/2011**

NAME _____ AGE _____ BIRTH DATE _____

ADDRESS/CITY/ZIP _____

EMAIL _____ PHONE _____

Please list 3 Friends you would like to play with. No guarantees, but we will try to put them together on a team: _____

The Elmhurst Youth Baseball Fall Baseball program is designed for the additional instruction in the game of baseball and for the dedicated player. Our competitive farm division introduces players to kid pitch baseball. See the divisions tab on our website for more info.

**GAMES WILL BE PLAYED ON SATURDAYS', (With Rain date on Sunday)
STARTING AUG. 28TH THROUGH OCT. 16TH (No Games Labor Day Weekend)**

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**MAIL IN ONLY FEE IS \$80.00 PER PLAYER (MUST BE WITH THIS FORM)
CHECK PAYABLE TO ELMHURST YOUTH BASEBALL (EYB)
MUST BE POSTMARKED BY AUGUST 14, 2010**

**MAIL FORM AND FEE TO ELMHURST YOUTH BASEBALL
919 S. CAMBRIDGE AVE.
ELMHURST, IL 60126**

INTERESTED IN MANAGING OR COACHING A TEAM: YES _____ NO _____

Managed with EYB Before: Team: _____ Division: _____

QUESTIONS MAYBE DIRECTED TO info@eybaseball.org

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I/We the parents or guardians of the above named child who is a participant of the Elmhurst Youth Baseball Fall Baseball program hereby give my/you approval for their participation in any and all of the activities of the fall baseball league during the 2010 season.

I/We assume all risks and hazards incidental to the conduct of the activities and transportation to and from the activities. I/We do further release, absolve, indemnify, and hold harmless Elmhurst Youth Baseball, the organizers, sponsors, coaches, supervisors, umpires, and any other person(s) involved with the fall program. In case of injury to my child, I/We waive all claims against the above named persons or organizations.

Parents/Guardian Signature: _____