

**Bloom-Carroll Youth Athletics (BCYA)**

P.O. Box 191  
Lithopolis, OH 43136

**\*SIGN UPS POSTMARKED AFTER 3-1-2008 WILL BE CHARGED A \$20.00 LATE FEE\***

Player's name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_  
Lives with \_\_\_\_\_ ( Father/Mother/Both) Sex: Male Female  
Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Work/Cell: \_\_\_\_\_ Work/Cell: \_\_\_\_\_  
E-Mail \_\_\_\_\_ E-Mail \_\_\_\_\_

ALL PARENTS ARE ASKED TO HELP IN AT LEAST ONE OF THE FOLLOWING AREAS  
Please Circle

Coach Assistant Coach Umpire Concession Stand Diamond Prep

\_\_\_\_\_ check here if you do not wish to help in any of the above ways. \$20.00 will be added to your fees.

ALL PARENTS ARE ASKED TO PARTICIPATE WITH A FUND RAISER. More info to come

\_\_\_\_\_ check here if you do not wish to participate in our fund raiser, \$20.00 will be added to your fees.

\_\_\_\_\_ I have a company that would be interested in becoming a BCYA sponsor. Please contact me with any information.

Please check the program your child qualifies for:

( We are unable to guarantee placement of players on certain teams/coaches or with friends)

- \_\_\_\_\_ Coach Pitch Baseball (7 and 8 year olds. League age as of April 30, 2008) .....\$65.00
- \_\_\_\_\_ Minor League Baseball ( 9 and 10 year olds. League age as of April 30,2008)..... \$65.00
- \_\_\_\_\_ Major League Baseball ( 11 and 12 year olds. League age as of April 30,2008).....\$65.00
- \_\_\_\_\_ Pony League Baseball (13 and 14 year olds. League age as of April 30, 2008).....\$TBA
- \_\_\_\_\_ Babe Ruth Baseball (15, 16, 17 and 18 year olds) league age as of April 30, 2008).....\$TBA
- \_\_\_\_\_ 7<sup>th</sup> and 8<sup>th</sup> Grade Baseball .....\$TBA

Has this child played before? No Yes if yes, for what team/coach \_\_\_\_\_

Uniform Sizes: See sample shirts and pants for correct sizing

Shirt YS YM YL AS AM AL AXL

All players must provide own gray baseball pants

League will provide shirt, hat, and socks

**WAIVER, RELEASE, AND HOLD HARMLESS AGREEMENT**

Players Release and Permission,

I, the undersigned, hereby consent and agree that the herein named child is physically able and may be an active participant with the Bloom-Carroll Youth Athletics. In consideration of the acceptance of my entry as a participant in the Bloom-Carroll Youth Athletics ball program, I do hereby for myself, my heirs, executors, and administrators waive, release and forever discharge any and all rights and claims for damage which I may have or which may accrue to me against the Bloom-Carroll Youth Athletics, its Board of directors, the Sponsors, the administrators of the playing field, or all of their respective officers, agents or representatives, successors, and/or assigns for any and all damages which may be sustained and suffered by me in connection with any said association with or my entry and/or arising out of my travel to participation in and return from said games, exhibitions, or practice sessions conducted during the current playing year.

In consideration for such recreation and training being afforded our child, we do hereby release and discharge the Bloom-Carroll Youth Athletics, its Board of Directors, the coaches, assistants and their appointees, any and all of them, from any claims, liabilities, damages, or demands for injuries to persons or property sustained by the named child, and resulting from his/her participation, and practice, or play in and with the aforementioned ball program. THIS REGISTRATION DOES NOT GUARANTEE

PLACEMENT ON A TEAM. BCYA may refund the registration fee at any time without further obligation to allow the player to participate.

NO MEDICAL INSURANCE OR OTHER INSURANCE IS PROVIDED BY THE BCYA. THE UNDERSIGNED ASSUMES FULL RESPONSIBILITY FOR OBTAINING ALL NECESSARY INSURANCE.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_ Additional Items Total \$ \_\_\_\_\_

Note: We are unable to guarantee placement of players on certain teams or with friends.

Paid with Check # \_\_\_\_\_ \$ \_\_\_\_\_, Cash \_\_\_\_\_ Rec'd by \_\_\_\_\_

**BLOOM-CARROLL YOUTH ATHLETICS  
2008 EMERGENCY MEDICAL AUTHORIZATION**

Player's Name \_\_\_\_\_  
Address \_\_\_\_\_  
Birth Date \_\_\_\_\_ Telephone No. \_\_\_\_\_

**Purpose:** To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while participating in the Bloom-Carroll Youth Athletics program, when parents or guardians cannot be reached.

**Part 1 or Part 2 must be completed**

**Part 1 To Grant Consent**

In the event reasonable attempts to contact me at \_\_\_\_\_ (phone #) or \_\_\_\_\_ (other parent or guardian) at \_\_\_\_\_ (phone #) have been unsuccessful, I here by give my consent and accept financial responsibility for: (1) the administration of any treatment deemed necessary by Dr. \_\_\_\_\_ (preferred physician) Phone # \_\_\_\_\_ or Dr. \_\_\_\_\_ (preferred dentist) Phone # \_\_\_\_\_ or in the event the designated preferred practitioner is not available, by another licensed physician or dentist: and (2) the transfer of the child to \_\_\_\_\_ (preferred hospital) or any hospital reasonably accessible. This authorization does not cover major surgery, unless the medical opinions of surgeons are obtained prior to the performance of such surgery. Facts concerning this child's medical history, including allergies, medications being taken and any physical impairments to which a physician should be alerted:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Signature of Parent or Guardian \_\_\_\_\_

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

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**Part 2 Refusal to Consent**

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the Bloom-Carroll Youth Athletics to take no action or to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

**Note: Signing Refusal of Consent will require a parent or legal guardian at all events. In any event, BCYA will activate 9-1-1 to contact local Emergency Medical Services**