

Fall Baseball League

This league is for girls or boys in
Grade 3 through Grade 9
 During Current School Year (2008-2009)

DUBLIN YOUTH ATHLETICS
 4285 W. Dublin Granville Road
 Dublin, Ohio 43017

2008 FALL BASEBALL SIGN-UP FORM

Last year's participation breakdown:
 Boys: 100.0% Girls: 0.0%

For Office Use
Date Rec'd
Amt Paid
Check #

Player's Name **PLEASE PRINT CLEARLY**

First _____ Last _____

Player's Address

Number _____ Street _____ Zip _____

Player's Phone

_____-____-____

Gender M / F
 (circle one)

Birthdate _____
 M M D D Y Y

Requests
 The only requests honored in this league are requests of head coaches on their choice of one assistant coach.
 Sibling in the same league are placed on the same team unless parents prefer separate teams for their children
 (No other requests - "play with Jamie", "car pool", etc. - will be honored)

E-Mail Address _____ (for coach's use only)

Dublin City S.D. School (See note below) _____ Current Grade (2008-2009) _____
 (Please show Dublin School District School you attend or would attend; Please DO NOT list private schools, parochial schools, etc.
 Players must attend Dublin City Schools, live within the Dublin School District, or live in the City of Dublin to be eligible.)

Father's/Guardian's Name _____ Work Phone _____

Mother's/Guardian's Name _____ Work Phone _____

Other phone number for contact or emergencies _____

DYA is a volunteer organization. Please volunteer to help make this program possible for your child by checking one of the participation boxes.

<input type="checkbox"/> Head Coach (See Note Below)	<input type="checkbox"/> League Commissioner	<input type="checkbox"/> Work on fields on Saturday mornings
<input type="checkbox"/> Assistant Coach	<input type="checkbox"/> Supervisor/Coordinator of Umpires	<input type="checkbox"/> Take in and bag equipment at season's end
<input type="checkbox"/> Team's Volunteer Coordinator	<input type="checkbox"/> Umpire (for Pony League games)	
<input type="checkbox"/> Umpire's Buddy (Protect youth umpires during your team's games)	<input type="checkbox"/> Field Inspector (check field conditions following rain)	

Head Coaches: Please complete a separate coaching application, used to introduce you to the league commissioner. Assistant coaches do not need to complete form.

You can also participate in other ways. Please check if you would like to:

<input type="checkbox"/> Serve on Board of Directors	<input type="checkbox"/> Be an evaluator at Travel Baseball Team tryouts
<input type="checkbox"/> Help with Office paperwork (M-F mornings)	<input type="checkbox"/> Be an evaluator at Travel Basketball Team tryouts
<input type="checkbox"/> Staff Tables at Sign-Ups (September and January/February)	

Shirt included in fee. Please indicate shirt size: YM YL YXL AS AM AL AXL

FEE = \$30 if received on or before July 31st
Refund Policy: No refunds after August 14th

Make check payable to **DYA**
 or **Dublin Youth Athletics**

Liability Release and Medical Disclosure

In consideration of Dublin Youth Athletics providing a baseball program the undersigned, individually and as parent or legal guardian, does release, indemnify, and discharge Dublin Youth Athletics, Inc., its officers, directors, coaches, and appointees from any and all claims, liabilities, and damages related to bodily injury or sickness and property damage sustained by the above child resulting from his/her participation, practice, play, or travel to and from play or practice in the DYA baseball program.

Furthermore, I agree to advise my child's coach at the beginning of the season of any and all medical conditions that may affect my child's participation in the DYA baseball program. However, I am responsible to be at practices and games if his/her special condition requires it.

Signature of Parent or Guardian _____

Date _____