## **Cedar Valley Youth Sports Association**

## 2025 T-Ball Registration Form

Please read the following:

- 1. Registration Fee is \$40 per T-Ball player during open registrations (\$50 during late registrations); no refunds
- 2. Up to three household family members may be signed up together on the same team (Must be signed up on same registration form and share same Primary Parent/Guardian contact information)

X \$40.00 each = \$

Check No.

3. A single coach may bring two (2) players (Coaches must complete Coach Application)

Credit/Debit Card

- 4. No more than four (4) players may be brought by (3) coaches/sponsors who wish to be assigned to each other
- 5. You must provide copy of birth certificate

No. of Players

For office use only:

Other (Explain)			
Primary Parent/Guardian			
Name	Email (Required)		Phone
Address	City	State	Zip Code
Parent/Guardian (2) *Additional Parent/Guar	dian contact pages available		
Name	Email		Phone
Address	City	State	Zip Code
Player (1)			
		Male	Female
Name			
23-24 Grade: Pre-K K 1 Da	ate of Birth on Birth Certificate: (Offi	ce Use)	
Shirt Size: Youth Small Youth Medium You	th Large		
Preferred Shirt Number: (1) (2) _	(3)		
Coach this player? Coach Name & Relationship to player			
Shirt Size: Small Medium Large XLa	rge 2XL 3XL		
Sponsor player's team? Sponsor Name:			

Player (2)		
	Male	Female
Name		
23-24 Grade: Pre-K K 1 Date of Birth on Birth Certificate: (Office	e Use)	
Shirt Size: Youth Small Youth Medium Youth Large		
Preferred Shirt Number: (1) (2) (3)		
Coach this player? Coach Name & Relationship to player		
Shirt Size: Small Medium Large XLarge 2XL 3XL		
Sponsor player's team? Sponsor Name:		
Diagram (2)		
Player (3)		
	Male	Female
Name 23-24 Grade: Pre-K K 1 Date of Birth on Birth Certificate: (Office	e Use)	
Shirt Size: Youth Small Youth Medium Youth Large		
Preferred Shirt Number: (1) (2) (3)		
Coach this player? Coach Name & Relationship to player		
Shirt Size: Small Medium Large XLarge 2XL 3XL		_
Sponsor player's team? Sponsor Name:		
WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK: By signing up/participating expressly assuming the risk and legal liability, waiving and releasing any and all claims for injuries, dam child/ward might sustain arising out of or as a result of the activities of this program(s). As a participant acknowledge that there are certain risks of physical injury and I voluntarily agree to assume the full risk or loss regardless of severity which my minor child/ward or I may sustain as a result of said participation claims my minor child/ward or I may have (or accrue to me or my child/ward) as a result of participating Youth Sports Association, including officers, officials, agents, and volunteers. I further agree to indemnity Valley Youth Sports Association staff to secure from any licensed hospital, physician, and/or medical performy minor child's/ward's immediate care and I agree that I will be responsible for payment of any and PHOTO POLICY: Cedar Valley Youth Sports Association may video tape or take photographs of particinare for the use in future program advertisements including but not limited to websites, handouts, televis CODE OF CONDUCT: By signing up/participating in the program(s) identified, I understand my child/way program(s) Code of Conduct as outlined in the rulebook that will be accessible on Cedar Valley Youth Swww.CVYSports.org and available upon request. Failure to abide by the Code of Conduct may result in notice or refund.	ages or loss of this progra of any injurie. I further ag in the prografy and hold hersonnel any all medical ipants. These ion, and pubard and myse opers Associated	which you or your minor am, I recognize and es, including death, damages gree to waive and relinquish all am against Cedar Valley narmless and defend Cedar treatment deemed necessary services rendered. e photographs and/or videos lications. elf are required to abide by the iaiton's website
Printed Name of Parent/Guardian		

ignature of Parent/Guardian	Date	
<b>3</b>		