

# Lake Youth Baseball

## Registration - 2005 Season

**When & Where:** 8:30 a.m.-12:00 p.m., Saturday, January 22<sup>nd</sup> and January 29<sup>th</sup> at Advent Lutheran Church, 1516 Edison St. (619 across from Kaufman Ave.).

**Help Needed:** We are always in need of Team managers, assistant coaches, field maintenance workers, concession workers and umpires.

**A word about the Registration Deadline:** Lake Youth Baseball needs time to do the best job of forming teams and ordering uniforms for the new season. We will make every attempt to place all players on teams, but we cannot assure that players who register late will be placed on a team. There will be a \$25 penalty for any player that cancels after March 1st and there will be no refunds after the season begins.

**Uniforms:** All players (I-F league) will receive a new shirt, cap, pants and a pair of socks not to be returned. T-ball players will receive a new cap and shirt. It is very important to select the right sizes. *This especially goes for Dads signing up their sons.* Samples will be available at registration to help in determining the correct sizes.

**Trophies:** All I league and T-Ball league members will receive trophies. All other teams will only receive trophies if they are winners of the Stark Central League.

**Costs:** Your payment only represents part of the cost for your player. We rely on sponsorships, donations and some fundraising to subsidize the cost.

**What to bring:** Bring your son to check for proper sizes. If your son has not played in Lake Youth Baseball before we will need a **photocopy of his Birth Certificate.**

If you have any questions, contact Terry Allison @ (330) 699-0428 or Andy Straley @ (330) 699-0525

	<b>If you were Born Between:</b>	<b>You Will Play In:</b>	<b>Your Registration Fee Is:</b>
6 by July 31, 2005 No older than <u>6 on July 31, 2005</u>	8/01/98 & 7/31/99	<b>T-Ball / Coach Pitch*</b>	\$60
7 by July 31, 2005 No older than <u>8 on July 31, 2005</u>	8/01/96 & 7/31/98	I League	\$75
9 by July 31, 2005 No older than <u>10 on July 31, 2005</u>	8/01/94 & 7/31/96	H League	\$85
11 by July 31, 2005 No older than <u>12 on July 31, 2005</u>	8/01/92 & 7/31/94	G League	\$95
13 by July 31, 2005 No older than <u>14 on July 31, 2005</u>	8/01/90 & 7/31/92	<b>F*</b> League	\$105

**Note: There is limited availability for T-Ball. The first 48 players are placed. Please signup early!**

**Additional Registration forms are available at [www.lakeyouthsports.com](http://www.lakeyouthsports.com)**

*\* We can not guarantee placement on a team, see T-Ball F table at signups for details!*

# Lake Youth Baseball Association

## Application to Play Hotstove Baseball

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ League \_\_\_\_\_ Fee \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Birth Date \_\_\_\_\_ Has your address/phone changed since last played? \_\_\_ Yes \_\_\_ No  
School District Residence \_\_\_\_\_ Shoe Size (for socks) \_\_\_\_\_  
**Shirt Size** (YM YL YXL AM AL AXL AXXL)      **Pant Size** (YS YM YL YXL AS AM AL AXL)

Father's Name \_\_\_\_\_ Bus. Phone \_\_\_\_\_ Employer \_\_\_\_\_  
Mother's Name \_\_\_\_\_ Bus. Phone \_\_\_\_\_ Employer \_\_\_\_\_  
Email Address \_\_\_\_\_  
List any medical or prohibition player has \_\_\_\_\_ Hospitalization Plan \_\_\_\_\_  
Person to notify in emergency \_\_\_\_\_ Phone \_\_\_\_\_  
Doctor to notify in emergency \_\_\_\_\_ Phone \_\_\_\_\_  
**Check all items you are willing to help in:** \_\_\_ Team Manager \_\_\_ Assist Coach \_\_\_ Field Maint \_\_\_ Umpire \_\_\_ Concessions

### Emergency Medical Authorization

We, the undersigned, do hereby consent and authorize any duly authorized doctor, emergency medical technician, hospital or other medical facility to treat or attempt to treat the participant for any injuries received by said participant while he participates in any activity of Lake Youth Baseball, Inc., or while traveling to or from or competing in any Lake Youth Baseball, Inc. activity. We further authorize any licensed physician to perform any procedure while he or she deems advisable in attempting to treat or relieve any injuries or any related unhealthy conditions in said participant that may be encountered during any necessary procedure or operation. We further consent to the administration of any anesthesia as deemed advisable by any licensed physician, and do hereby further authorize x-ray examination, medical or surgical diagnosis or treatment, and hospital care to be rendered to the participant in our absence under the general or special supervision and on the advice of a licensed physician, surgeon, anesthesiologist, dentist or other qualified personnel acting under their supervision.

We, the undersigned, realize and appreciate that there is a possibility of complication and unforeseen consequence in any medical treatment, and we assume any such risk on behalf of ourselves and the participant as stated herein. We acknowledge that there has been no warranty made as to the results of any such treatment or diagnostics procedure.

Each of the undersigned expressly acknowledge and agree that they have read and understood the terms of this form, including the CONSENT TO PARTICIPATE, RELEASE, WAIVER OF LIABILITY AND INDEMNITY AGREEMENT coupled with the EMERGENCY MEDICAL AUTHORIZATION and further state that no oral representations, statements or inducements apart from the foregoing written provisions have been made.

*WE HAVE READ, UNDERSTOOD, AND VOLUNTARILY SIGNED THIS RELEASE*

\_\_\_\_\_  
*Name of Parent or Guardian (Please Print)*

\_\_\_\_\_  
*Signature Parent or Guardian*

\_\_\_\_\_  
*(Date)*

\_\_\_\_\_  
*Participant (Please Print)*

### Liability Release

I/We the parents of the above named candidate for a position on a Hotstove Baseball team hereby give my approval for participation in any and all Hotstove activities. I/We assume all risks and hazards incidental to such participation, including transportation to and from the activities and do hereby waive, release, absolve, indemnify, and agree to hold harmless the local Baseball Association, Ohio Hotstove Baseball, Inc., the organizers, sponsors, supervisors, participants, and persons transporting candidate to and from activities, for any claim arising out of an injury to a candidate, whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance.

I/We will furnish a copy of birth certificates, hospital records, or Baptismal certificate of the above named candidate with this application (not required if candidate previously played Hotstove Baseball for LYB). I/We understand this copy will be retained with this application for record.

\_\_\_\_\_  
*Name of Parent or Guardian (Please Print)*

\_\_\_\_\_  
*Signature Parent or Guardian*

\_\_\_\_\_  
*(Date)*