

VOLUNTEER NEEDED

Manager

Asst Coach

Umpire

Board Member

CENTRAL OAHU YOUTH BASEBALL LEAGUE
A NON-PROFIT ORGANIZATION DEDICATED TO YOUTH BASEBALL
REGISTRATION FORM, 2007 SEASON

Shetland

Pinto

Mustang

Bronco

Pony

NOTE: A \$20 fee will be charged for late registrations.
Visit www.mililanibaseball.org for registration dates and locations.

Participant's Name _____ Telephone _____
Street Address _____ E-mail address _____
City _____ State _____ Zip _____
Date of Birth _____ Age as of May 1, 2007 _____ Previous years experience _____
Height _____ Weight _____ School _____
Shirt Size _____ Pants Size _____
Please make check payable to: COYBL
Check#: _____ **Amount:** _____
Receipt # _____

EMERGENCY CONTACT INFORMATION

Father Name _____ Address _____
(If different from Participant's address)
Business _____ (Employer)
Home Phone _____ Business Phone _____
Mother Name _____ Address _____
(If different from Participant's address)
Business _____ (Employer)
Home Phone _____ Business Phone _____

EMERGENCY AUTHORIZATION

I/We understand that medical coverage is required in participating in the COYBL. I understand that if I use COYBL insurance, I will be responsible for the amount of the deductible. The following information is provided to fulfill the performance requirement.
[] Yes, I/We have medical coverage with: _____ [] No, I/We have no medical coverage
Company Name: _____ Policy No.: _____

I/We, the undersigned, parent(s) or guardian of the participant, a minor named above, do hereby authorize the manager, coaches, or parents of team members acting in the capacity or activity supervisors/vehicle drivers, as Agents for the undersigned to consent to medical, surgical, or dental treatment etc.
In case of emergency, I/We hereby authorize emergency treatment and/or care of the above participant at any hospital.
If there is an emergency and I/We cannot be reached, please contact:

Telephone _____
who is hereby authorized in my/our behalf.

MEDICAL INFORMATION

Does this child have any history of illness or allergies? Yes _____ No _____
If yes, please describe: _____
Please list any regularly taken medicine: _____
Date of last Tetanus Shot: _____
If you wish a family doctor to be contacted in case of emergency, please indicate the name and telephone number:
Doctor _____ Telephone _____

PARENT OR GUARDIAN AUTHORIZATION, DISCLAIMER, AND WAIVER OF LIABILITY

To induce the Central Oahu Youth Baseball League (COYBL) to accept registration and permit participation in COYBL by the above named participant, I the parent or guardian of said individual, hereby give my consent to agree to release, indemnify and hold harmless COYBL, it's officials, managers, coaches, and representatives, from any claim arising out of injury or aggravated by my/our refusal to obtain available medical treatment based on religious or philosophical beliefs to the above named participant.
I consent to and attest to all the information on this form:

(Parent/Guardian Signature) _____ Date _____