

REGISTRATION FORM

Central Oahu Youth Baseball League (COYBL)

Minor Major Summer Fall Year: 20__

Click the gray boxes to type information. Print completed form and bring to registration.

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

STATION 1

Volunteer: Manager Assistant coach Umpire Board member Division: Shetland Pinto Mustang Bronco Pony

Today's date:
4/8/2008

Registration fee:

Cash

Make checks payable to
COYBL

Check number:

Receipt number:

STATION 3

PARTICIPANT INFORMATION

Participant's last name: First: Middle: Birth date: Sex:
 Male Female

Street address: Home phone number: Secondary phone number:

City: State: ZIP Code: E-Mail: E-Mail 2:
HI

Shirt Size: Pants Size: **STATION 2** Height: Weight: School attending: No. of years experience:
ft in lbs

PARENT/GUARDIAN INFORMATION

Father's name Mother's name:

Father's address (if different from participant) Mother's address (if different from participant)

Home phone number: Cell phone number: Bus phone number: Home phone number: Cell phone number: Bus phone number:

Father's Employer: Mother's Employer:

EMERGENCY AUTHORIZATION

I/We understand that medical coverage is required in participating in COYBL. I/We understand that if I use COYBL insurance, I will be responsible for the amount of the deductible. The following information is required.

Yes, I/We have medical coverage for my/our child. No, I/We do not have medical coverage for my/our child.

Insurance company: Policy number: Name of participant's doctor: Doctor's phone:

In case of emergency, I/We hereby authorize emergency treatment and/or care of the above participant at any hospital.

If in an emergency I/We cannot be reached, please contact: Relationship to participant: Phone number: Other phone number:

MEDICAL INFORMATION

Does the participant have a history of illness or allergies? Yes No

If yes, describe: List any regularly taken medication: Date of last Tetanus shot:

PARENT OR GUARDIAN AUTHORIZATION, DISCLAIMER, AND WAIVER OF LIABILITY

The above information is true to the best of my knowledge. 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 participants.

I consent to and attest to all the information on this form.

Date

Patient/Guardian signature