

Y.E.O.P INC. BASEBALL REGISTRATION FORM

(LAST NAME) (FIRST NAME) (MI)

(DATE OF BIRTH) _____ MALE _____ FEMALE

(ADDRESS) (CITY) (STATE) (ZIP)

(PARENT/GUARDIAN NAME & TELEPHONE) (EMERGENCY CONTACT)

(AGE) (SCHOOL) (GRADE)

FEES: NO REFUND GIVEN AFTER FIRST GAME & ALL REGISTRATION SHOULD BE COMPLETED AND RETURNED BY FIRST GAME OF SEASON

(5-8 YR. OLD T-BALL/COACH PITCH) - \$30.00 PER CHILD *PLEASE NOTE THAT SPONSORSHIPS DONATION DOES NOT PAY FOR PARTICIPANT REGISTRATION FEE

List allergies or medical conditions that coaches should be aware of.

1. _____ 2. _____

I grant permission for my son/daughter _____ to participate in Spring Baseball which includes photos and/or videos of events, practices and games sponsored by Youth Enrichment Outreach Program (Y.E.O.P.) unless otherwise notified by me in writing. I fully understand that I am responsible for insurance coverage for my child in case of any injuries or illnesses including Covid-19 that may occur during participation in Y.E.O.P Spring Baseball. I also understand that Y.E.O.P. will not be held responsible and/or liable for my child/children transportation to and from the facility.

Parent/Guardian's Signature: _____ Date _____