

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

(LAST NAME)	(FIRST NAME)	(MI)
	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
	(Gender)	
(AGE)	(SCHOOL)	(GRADE) T-SHIRT SIZE

Please mark a X on all that apply

Race/Ethnicity: Black or African American White Hispanic/Latino American Indian/Alaskan Native Two or more Races Asian/Other Please list if not listed above Prefer not to list

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

(PARENT/GUARDIAN NAME & TELEPHONE)

(EMERGENCY CONTACT)

FEES: \$30 PER CHILD- NO REFUND GIVEN AFTER FIRST GAME & ALL REGISTRATION SHOULD BE FULLY COMPLETED AND RETURNED BY FIRST GAME OF SEASON

AGE DIVISIONS: T-BALL (5-8) COACH PITCH (9-12)

**** SPONSORSHIP DONATIONS DOES NOT PAY FOR PARTICIPANT REGISTRATION FEE ****

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

1. _____ 2. _____

I grant permission for my son/daughter _____ to participate in Winter Basketball 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. Winter Basketball. 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 _____