

**2015**

**The Attica Youth Baseball League**

**A Non-Profit Recreation Baseball & Softball League**

**2013 Registration Fee per Child is as follows:**

**Registrations For ALL Children 9 Through 18**

**GIRLS Softball Fee: \$45.00**

**2<sup>nd</sup> CHILD \$40.00 3<sup>RD</sup> CHILD \$35.00 4<sup>TH</sup> N/C**

**Please be prepared to Pay in Full by cash, check or money order.**

**Make Checks out to Attica Youth Baseball\*\*\*Players Selected to an ALL-STAR team will be required to pay an additional fee. \*\*\***

**(Circle one)**

**GIRLS 9-10 GIRLS 11-12 GIRLS 13-15 GIRLS 16-18**

**\*\*\*Baseball age is: Age as of 1/01/2015 \*\*\***

**\*Eligibility Age \_\_\_\_\_ Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_**

Players Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ ZIP \_\_\_\_\_ Phone \_\_\_\_\_

I the undersigned Parent, Guardian and Next Friend of the above named minor, in consideration of the many and varied benefits to be conferred on said minor during the recreation provided, do hereby register said minor in said organization season and so for myself and as parent, guardian and next friend of said minor forever release, acquit and discharge said organization of all its members individually from any and all claims, demands, actions, and causes of action which I or my representative may have by reason of any injury or illness which may occur as a result of said minor's participation in said program.

I also understand that under the "Zero Tolerance Policy" that is in place, The Attica Youth Baseball, LLC. reserves the right to expel any player, parent, coach, family member or "Family" for breaking the "Zero Tolerance Policy" at the sole discretion of The Board of Directors.

To the best of my knowledge and belief that said minor has no physical infirmity or disability.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Parent/Guardian: \_\_\_\_\_

(H) Phone: \_\_\_\_\_ (W) Phone: \_\_\_\_\_ \*Email \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

(H) Phone: \_\_\_\_\_ (W) Phone: \_\_\_\_\_ \*Email \_\_\_\_\_

**Medical Issues/concerns** \_\_\_\_\_

Comments: \_\_\_\_\_

In Case of Emergency, call (name): \_\_\_\_\_ Phone: \_\_\_\_\_

**\*SHIRT SIZE YOUTH M (10-12) L (14-16) XL (18-20)**  
**(Circle one) ADULT S (34-36) M (38-40) L (42-44) XL (46-48) XXL (50-52)**  
**\*\* Hat Size YOUTH ADULT**

**"We are a volunteer league... So please step up and volunteer your time"**

**ATTENTION PARENTS! Are you interested in?** (Please check one)

( ) Coaching/ ( ) Volunteering with Coach / ( ) Umpire

**MAIL BY APRIL 5 TO ATTICA BASEBALL P.O BOX 142 ATTICA MI 48412**

**CONTACT: David Kraydich 810-728-0899 Monica Shires 810-245-3617**