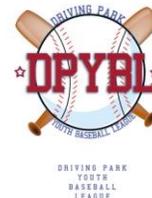




DRIVING PARK YOUTH BASEBALL LEAGUE

CO-ED BASEBALL FOR YOUTH AGES 4 – 13

1100 Rhoads Avenue, Columbus, OH 43205. 614-645-3228



REGISTRANT INFORMATION (One Child Per Form)

Child's Name: _____ Sex: M / F Age: _____ Date of Birth: _____

Address: _____ Home Phone: _____

City _____ Zip _____ School: _____

Height _____ Weight _____ T-Shirt Size: C/S C/M C/L A/S A/M A/L A/XL
 Pant Size: C/S C/M C/L A/S A/M A/L A/XL

Parent/Guardian Name(s): _____

Emergency Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____ Other Siblings to be Registered: _____

Special Considerations: _____

FEES AND REGISTRATION

<u>LEAGUE DIVISIONS AND FEES: DUE BY MAY 1st. \$10.00 FEE FOR PAYMENTS AFTER MAY 1st</u>	<u>TOTAL DUE BY MAY 1</u>
<input type="checkbox"/> INSTRUCTIONAL T-BALL (Ages 4 – 7, Rubber T-Ball, no score kept)	\$25.00
<input type="checkbox"/> COACH PITCH (Ages 7-9, Coach Pitch Rubber T-Ball, score kept)	\$40.00
<input type="checkbox"/> MAJOR LEAGUE (Ages 9 – 13, fast pitch, Regulation Hard ball)	\$40.00
<input type="checkbox"/> PONY LEAGUE (Ages 13 – 15, fast pitch, Regulation Hard ball)	\$50.00

There will be a discount for families with multiple children: \$5.00 discount per child. Need-based fee waivers are available for parents willing to volunteer with the league for a minimum of 8 hours during the season. Please request an application for fee waiver if needed. Call or email us at 614-645-3228 or 614-645-8952, wqfant@columbus.gov, or SIPowell@columbus.gov, at any time. Feel free to Register at Driving Park Recreation Center, 1100 Rhoads Avenue,

PARENT AND GUARDIAN VOLUNTEER OPPORTUNITIES

DPYBL needs volunteers in the following areas. Please select an area that you are willing to assist:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Coach | <input type="checkbox"/> Assistant Coach | <input type="checkbox"/> Team Parent | <input type="checkbox"/> Field/Facility Maintenance |
| <input type="checkbox"/> Score-Keeper | <input type="checkbox"/> Fund Raising | <input type="checkbox"/> Concessions Stand | <input type="checkbox"/> Umpire |
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Banquet | <input type="checkbox"/> Other _____ | |

CODE OF BEHAVIOR

As a parent/player & volunteers, we hereby agree not to use foul, profane, or abusive language while participating or attending any DPYBL events. This includes any derogatory remarks made to another player, coach, umpire, or fan. Parents/guardians/family members are encouraged to attend practices and games. Parents are asked to serve on at least one committee or volunteer area. Any violation of this code may result in being dismissed from this league without any refund. Any player that quits before the end of the regular season must return his/her entire uniform **without** a refund. All players are required to keep their uniforms neat and clean. All payers must be in complete uniform to play a scheduled game, including hat and team shirt, baseball pants, cleats, socks, and glove.

LIABILITY RELEASE

I understand that by signing this form, I acknowledge that baseball is a physical activity with inherent risks, and that my child's voluntary participation carries the risk of bodily injury, including death. I certify that my child is physically fit to compete in baseball and related physical activities. By signing, I intend to be legally bound, do hereby, for myself, my heirs, executors, and administrator, waive release and forever discharge any and all rights and claims for damages, known or unknown, which may occur or which may hereafter occur to the athlete in connection with these activities against the City of Columbus, Recreation and Parks Department, Driving Park Youth Baseball League, respective Board of Directors, coaches, officers of the City and/or the DPYBL, whether such harm or damage is caused by any act or omission or otherwise, any and all damages for which may be sustained by the athlete.

I HAVE READ THE FOREGOING RELEASE AND THOROUGHLY UNDERSTAND IT:

 Parent/Guardian Signature and Date

 Player's Signature and Date

CONSENT FOR MEDICAL CARE

In the event efforts to contact me fail, a representative (age 18 or older) of Driving Park Youth Baseball League has my permission to do any or all of the following:

1. Transport my child, or arrange for the transportation of my child, to: _____ Hospital, or to the hospital available.
2. Give consent for immediate emergency medical treatment.
3. Give consent for medical or dental treatment if attempts to contact me are unsuccessful.

 Parent/Guardian Signature and Date

 Witness Signature and Date

Allergies: _____

Allergies to Medicines: _____

Chronic or Long-Term illness or condition: _____

Medications: _____