

Trumbull County 304/Niles Youth League Registration Form

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|--|---|---|--|
| Player Name: | | Birth Date: | |
| Player Email: | (Not req'd) | Player Phone: | (Not req'd) |
| Gender: | Male <input type="checkbox"/> Female <input type="checkbox"/> | Boy age as of April 30 _____, Girl age as of Jan. 1 _____ | |
| Address: | | City: | State/Zip: |
| Guardian name: | | Phone: | Relationship: |
| Email: | | Head Coach: <input type="checkbox"/> | Asst. Volunteer: <input type="checkbox"/> |
| Guardian name: | | Phone: | Relationship: |
| Email: | | Head Coach: <input type="checkbox"/> | Asst. Volunteer: <input type="checkbox"/> |
| Emergency contact: | | Phone: | Relationship: |
| Email: | | | |
| School name: | | Grade: | |
| Siblings name(s) & age division(s): | | | |

| Division Preference | Min Age | Max Age | Shirt Size | Pants Size | Jersey # Preference |
|---|---------|---------|---|---|--|
| <input type="checkbox"/> A: Co-Ed Tball 4-6 \$60 | 4 | 6 | <input type="checkbox"/> To be measured | <input type="checkbox"/> To be measured | 1 st choice: |
| <input type="checkbox"/> C: NYL Boys 8U \$90 | 6 | 8 | <input type="checkbox"/> Youth X-Small | <input type="checkbox"/> Youth X-Small | 2 nd choice: |
| <input type="checkbox"/> D: NYL Boys 10U \$100 | 8 | 10 | <input type="checkbox"/> Youth Small | <input type="checkbox"/> Youth Small | |
| <input type="checkbox"/> E: NYL Boys 12U \$100 | 10 | 12 | <input type="checkbox"/> Youth Medium | <input type="checkbox"/> Youth Medium | League Use Only Date Paid: _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Online <input type="checkbox"/> Other Chk Number: _____ Family discount: <input type="checkbox"/> Y Other Fees: _____ Total Paid: _____ Birth Certificate Verified: <input type="checkbox"/> Y <input type="checkbox"/> N |
| <input type="checkbox"/> F: Boys Pony 14U Tri-T \$125 | 12 | 14 | <input type="checkbox"/> Youth Large | <input type="checkbox"/> Youth Large | |
| <input type="checkbox"/> G: Boys Colt 15-18 Tri-T \$150 | 14 | 18 | <input type="checkbox"/> Youth X-Large | <input type="checkbox"/> Youth X-Large | |
| <input type="checkbox"/> H: NYL Girls 8U \$90 | 6 | 8 | <input type="checkbox"/> Adult Small | <input type="checkbox"/> Adult Small | |
| <input type="checkbox"/> I: NYL Girls 10U \$100 | 8 | 10 | <input type="checkbox"/> Adult Medium | <input type="checkbox"/> Adult Medium | |
| <input type="checkbox"/> J: NYL Girls 12U 100 | 10 | 12 | <input type="checkbox"/> Adult Large | <input type="checkbox"/> Adult Large | |
| <input type="checkbox"/> K: NYL Girls 14U \$125 | 12 | 14 | <input type="checkbox"/> Adult X-Large | <input type="checkbox"/> Adult X-Large | |
| | | | <input type="checkbox"/> Adult XX-Large | <input type="checkbox"/> Adult XX-Large | |
| | | | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | |
| | | | | | |

| Medical Information: | | | |
|--|--|-----------------------|--|
| Preferred Doctor Name: | | Phone: | |
| Preferred Dentist Name: | | Phone: | |
| Preferred Hospital: | | | |
| Insurance Carrier: | | Policy Number: | |
| Medical History: Allergies, Medications, Special Conditions, etc. | | | |

Medical Authorization

PART I GRANT OF CONSENT

In the event reasonable attempts to contact the parents or guardians have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by preferred Dr. (2), or preferred Dentists or in the event designated Dr. or Dentist is not available, by another licensed physician or dentist; and (2) the transfer of the child to preferred hospital or any hospital reasonably accessible. NOTE: This authorization does not cover major surgery unless the medical options of two other licensed physicians or dentists, concurring in necessity for such surgery are obtained BEFORE the surgery IS PERFORMED.

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| Participant Name (Print Name): | |
| • Parent/Guardian/Custodian (Signature): | Date: |

PART II REFUSAL OF CONSENT (Do not complete if Part I has been completed)

I do NOT give consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish that Niles Youth League to take no action, or perform the following actions:
 Actions: to be performed:

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| Participant Name (Print Name): | |
| Parent/Guardian/Custodian (Signature): | Date: |