



Washington Youth Baseball

Washington, Pennsylvania

WYB REGISTRATION FORM

I PARENT/GUARDIAN ON-LINE ACCOUNT (Create New Account in Blue Sombrero)

First Name _____ Middle Initial ____ Last Name _____

Address: _____

Email Address: _____ User Name: _____ Password: _____

II PLAYER REGISTRATION INFORMATION

First Name _____ Last Name _____ Gender (circle) M F

Date of Birth ____/____/____ Telephone (____) ____ - ____ Cell Phone (____) ____ - ____

AGE CHANGE INFO: If your child was born between May 1 and August 31 starting in 2000, you may choose to move him/her up one season to follow the new PONY age guidelines. Any players born on or after May 1, 2012 must follow the new age guidelines.

- Yes. Please move my child ahead a year to follow the new PONY age guidelines.
- No. I do not want to follow the new PONY age guidelines. I will continue to progress under the old WYB age guidelines.

III EMERGENCY CONTACT, MEDICAL RELEASE AND INSURANCE INFORMATION

First Name _____ Telephone (____) ____ - ____

Last Name _____

Medical Release - As the parent/legal guardian (the "parent/guardian") of the registered child, I hereby give approval for his/her participation in activities. I hereby agree to indemnify and hold harmless Washington Youth Baseball, Inc. (WYB), its council members, organizers, managers, coaches, umpires, game officials, volunteers, sponsors, supervisors, and/or agents from any and all claims, liabilities, damages, injuries, expenses, or losses arising out of my child's participation. I understand and agree that expenses arising from injury or illness will be my responsibility and/or my insurance coverage and/or insurance coverage of my child. I will furnish proof of insurance and/or certified birth certificate upon request. I accept this Medical Release _____ Yes or _____ No

Insurance Company: Highmark UPMC Aetna Other _____

Insurance Policy Holder: _____ Insurance Policy Number _____

IV ADDITIONAL INFORMATION

Player Resides in the following School District ___ Trinity ___ Washington ___ McGuffey Other _____

Did you play in WYB Last year? ___ Yes or ___ No

If Yes, what league? ___ Shetland ___ Pinto ___ Mustang ___ Bronco ___ Pony ___ Colt/Palomino

Game Jersey Number (Top 3 Choices) (1st) _____ (2nd) _____ (3rd) _____

Jersey Size (Circle) YXS YS YM YL AS AM AL AXL

Player's Last Name (as it will appear on the game jersey) _____

Sarris Candy Fundraiser: (\$48/box) - I wish to pay the \$30 Sarris Candy buyout instead of selling candy

(Enter Quantity Needed) ___ Plain ___ Almond ___ Crisp ___ Peanut Butter

Concession Stand Participation:

- I wish to pay the \$30 Concession Stand Buyout
- I will work the concession stand two times over the course of the season.

____//____//_____

SIGNATURE OF PARENT/GUARDIAN

DATE