2010 Registration Form
www.kysba.org

P.O. Box 449
Kuna, ID 83634

Athlete's Information

Athlete ID

Last Name: **First Name:** **Middle Name:** **Other Name:** **Age:**

Home Address: **City** **Zip Code:** **Date of Birth:**

Home Phone: **Cell Phone:** **Gender:**

E-Mail Address: **Shirt Size:** **Grade:**

Parent's Information

Father's Name: **Father's Employer** **Work Phone No.**

Mother's Name **Mother's Employer:** **Work Phone No:**

WE NEED PARENTAL SUPPORT... The Kuna Youth Softball Baseball Assoc. (KYSBA) is a volunteer-operated organization, we are asking for active participation of all parents. Please choose one of the following activities to fill in the volunteer portion of this form: Manager/Coach, Assistant Coach, Umpire - 2/ team, Field Maintenance- 2/team, Concessions, or Donate $20 in lieu of Volunteering.

Father's Volunteer Position **Mother's Volunteer Position**

Emergency Information

Emergency Contacts: **Emergency Contact Phone Number:**

Medical Insurance Provider:

MEDICAL INSURANCE: KYSBA participants are covered by an excess medical expense policy under which benefits are limited to those medical expenses not paid by other medical insurance you may carry. In addition, medical claims are subject to a $100 deductible per claim.

League Information (League Use Only)

Recieved by:

Registration Date: **Registration Fee:** **Payment Type** **Check #:**

League: **Years in Organized Play:** **Meet Family Cap:** ☐ **Donation/Sponsorship** ☐

League Age: **Same Team as Last Year** **Donation/Sponsorship $$:**

League Divison: **Division Waver:** ☐ **Birth Certificate #:**

Special Requests:

PARENTAL ACKNOWLEDGE: I understand that KYSBA cannot honor all special requests and that players may not be on the same team or have the same coach as previous years.

If your son or daughter is chosen for All Stars, will they be available to play from June—Aug. (Ages 9 older) Yes / No

KYSBA Media Release

We will try to acknowledge the achievements of your child this season by submitting photos/stories to our website and/or the local newspaper. In order to do this we need your permission to allow us to do so. By checking Yes and singing below, will grant permission for your child's name/picture to e placed on the website and/or local newspaper. Photos submitted to the webmaster will not be released to any other entities.

Yes, I give permission / No, I do not give permisson

PARENTAL INDEMNITY: I agree to indemnify and hold harmless KYSBA and its representatives, coaches, sponsors or other volunteers for any damage claims caused by the above named participant as a result of involvement in the program.

MEDICAL RELEASE: I certify that the participant named above is physically qualified to participate in the KYSBA program and that KYSBA or its representatives, coaches, sponsors or other volunteers will not be held responsible for any injury sustained during practices and games or transportation thereto. Further, I hereby give my consent for League officials, coaches or agents to administer first aid or needed professional medical assistance as necessary to preserve life, limb or well being of the participant and agree to not hold KYSBA or its officials and agents liable for providing such medical assistance.

REFUND POLICY: Refund of registration fees will be granted before the season begins only when the player cannot participate due to circumstances beyond his/her control. Refunds must be requested in writing stating the reason for the request and mailed to the address above. There is a $5 fee for processing each refund. No refunds will be granted after April 1st.
No registration forms accepted after final deadline, February 12th.

Signature of Parent/Guardian **Date**

THE LEAGUE MUST RECEIVE A COMPLETED FORM ALONG WITH THE PLAYER'S REGISTRATION FEE AND COPY OF HIS/HER BIRTH CERTIFICATE BEFORE THE PLAYER CAN PARTICIPATE IN PRACTICES OR GAMES.