

MESYC LITTLE LEAGUE REGISTRATION 2018

Registration is open until March 6, 2018

Child's Name: _____

Parent/Guardian Name: _____

Address: _____

Contact Number (landline or cell): _____

Birth Date & Age as of 4/30/18: _____

Last Year's Team: _____

* Please **CHECK** the appropriate **LEAGUE LEVEL** for your child this school year.

10-year old's may play minor league unless they are needed to fill up a major league roster, or are deemed advanced enough to play major league. Concerns should be directed to the league President.
11 and 12-year old's are required to play at the major league level – no exceptions.

- Tee Ball (ages 5-6)
- Minor Baseball (ages 7-10)
- Major Baseball (ages 10-12)
- Minor Softball (ages 7-10)
- Major Softball (ages 10-12)

T-Shirt Size (circle one)

| | | | |
|---------------|--------|-------|---------|
| Youth – Small | Medium | Large | X-Large |
| Adult – Small | Medium | Large | X-Large |

Interested in: Please specify level – we cannot run the programs without volunteers!

Coaching (Name and Phone Number): _____

Volunteer (Name and Phone Number): _____

Registration Fee: \$25/child or \$50 for 3+ children/family

Please make checks payable to MESYC

***All fees are non-refundable and considered a donation hereinafter**

****Medical authorization and release must be completed if you have not already done so this year
(see back of this form).**

Official Use Only:

Cash: _____

Check: _____

**MORRISVILLE-EATON-SMITHFIELD YOUTH COMMISSION
MEDICAL AUTHORIZATION AND RELEASE**

I, _____, the undersigned parent/guardian of
(print parent/guardian name)

_____ (“my child”), whose date of birth is _____,
(print child’s name)

hereby grant permission to the Morrisville-Eaton-Smithfield Youth Commission (“Commission”) and its attendants, employees and representatives to provide and secure medical treatment for my child to the best of their judgment and ability in the event of an injury or sudden illness while my child is participating in any program sponsored or conducted by the Commission, including, but not necessarily limited to times before, during and after an athletic and/or recreational event. Such medical treatment may include, but shall not necessarily be limited to, on-site first aid, providing for emergency transport, hospitalization, injection(s), anesthesia and/or surgery, and providing information about my child’s condition and medical history to emergency responders and other health care providers. I agree to indemnify and hold harmless the Commission, the Town of Eaton, the Village of Morrisville and the Town of Smithfield, their officers, attendants, representatives, employees, agents and contractors, from any and all liability, harm, cost and expense attributable, directly or indirectly, to such medical treatment and actions. This Authorization and Release shall be valid for the period from September 2017 through June 2018.

My child has the following special medical conditions or limitations (list all):

My child’s regular doctor is: _____ Tel. No. _____

I have medical insurance that covers my child through the following insurance plan:

Company/Plan: _____

Group No.: _____ ID No.: _____

Parent/Guardian Signature: _____ Date Signed: _____

Emergency Phone Number(s): _____

Address: _____

Name of Alternate Emergency Contact: _____

Alternate Emergency Contact Tel. No.: _____

Witness Signature: _____ Date Signed: _____

Print: Witness Name: _____