







Manhattan Youth Baseball has a no refund or make up policy. By signing this form you agree with these terms.

SEASONAL LEAGUE BASEBALL					
 FALL BALL	 WINTER BALL	 SPRING BALL 2011	 League Run Practice for Spring		
Start: Saturday, September 11 th , 2010 End: November 13 th , 2010 (Weather Permitting) No Games: 9/18, 10/9 Time: Varies	Indoor Facility Start: Sunday, December 15 th , 2010 End: March 6 th , 2011 No Games: 12/19, 12/26, 1/2, 1/16, 2/20 Time: Varies	Division Pre-K – 3rd: Randall’s Island Division 4 - HS: Central Park Start: Saturday, April 9 th , 2011 End: June 11 th , 2011 Division 7/8: Play Sunday in CP Start: Sunday, April 10 th , 2011 End: June 12 th , 2011	Wednesday’s during Spring season for Friday, Saturday or Sunday League K-6 Fair weather only \$200		
PLAYER INFORMATION					
Last:		First:		DOB:	
				<input type="checkbox"/> M <input type="checkbox"/> F	
Street address:		City:		State: Zip:	
Home: ()		Alt #: ()		School: Friend Request:	
Shirt Size: <input type="checkbox"/> YS <input type="checkbox"/> YM <input type="checkbox"/> YL / <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL <input type="checkbox"/> AXL			Pants Size <input type="checkbox"/> YS <input type="checkbox"/> YM <input type="checkbox"/> YL / <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL <input type="checkbox"/> AXL		
PARENT Volunteer Request please choose 3 in order of preference					
This is a Parent Volunteer program 1 parent from each family must help in some capacity					
<input type="checkbox"/> Division Leader	<input type="checkbox"/> Manager	<input type="checkbox"/> Coach (1 of 3)	<input type="checkbox"/> Team Parent 1of 2	<input type="checkbox"/> Sponsor	<input type="checkbox"/> Field Crew <input type="checkbox"/> Administration
Parent Name:			Parent Name:		
Email:			Email:		
Cell:		Work:		Cell:	
Employer:		Position:		Employer:	
MANHATTAN YOUTH BASEBALL IS A 501 C 3 NONPROFIT ORGANIZATION HELPING ALL CHILDREN OF NYC. PLEASE MAKE A TAX DEDUCTIBLE DONATION FOR A SCHOLARSHIP OR SPONSORSHIP					
Team sponsorships are exempt from Parent Assignment.					
Scholarship Contribution for a player who cannot afford to play \$					
Team Sponsorship \$1,500 _____			Name to be displayed on team shirt:		
PAYMENT INFORMATION					
Please make checks payable to Manhattan Youth Baseball					
Spring Ball Registration: Fees are listed below					
<input type="checkbox"/> Early Registration \$300 (before 9/30/10)		<input type="checkbox"/> Registration \$325 (before October 31)		<input type="checkbox"/> Late Registration \$350 (after 11/1/10)	
League fee ____ + Practice ____ + Sponsorship =			Total \$ _____		<input type="checkbox"/> Requesting Tuition Assistance
<input type="checkbox"/> MC <input type="checkbox"/> Visa	<input type="checkbox"/> Check <input type="checkbox"/> Cash	CC#		Check #	EXP Date
Name and billing address on card					<input type="checkbox"/> Same as above
WAIVER					
As parent or legal guardian of the above applicant, do hereby consent to his/her participation in any and all activities in the CYO/Manhattan Youth Baseball Academy and agree to abide by all rules and regulations of the institution. In consideration of the CYO/Manhattan Youth Baseball Academy accepting this registration and permitting the participation of above applicant, which I believe would be of educational, physical and other benefits; I assume all risks and hazards incidental in participation in all activities. I hereby release, discharge, indemnify and harmless CYO/Manhattan Youth Baseball Academy, its officials, coaches, representatives and all persons transporting my child/dependent to and from activities from any and all claims, actions and liability arising out of or in connection with the child’s participation in any aspect of CYO/Manhattan Youth Baseball Academy, whether or not such injury is caused by the negligence, willful conduct or other inaction of the indemnities or any of them. I certify that he/she is in good health and able to participate in all activities and in the case of emergency affecting my child, I hereby give permission for a physician or hospital designated by CYO/Manhattan Youth Baseball Academy to administer treatment to my child. I also understand that CYO/Manhattan Youth Baseball Academy has a no refund, no credit policy for any reason at any time for any programs unless CYO/MYB is unable to deliver the program.					
Signature:				Date:	

Thank you for your participation and interest in CYO/Manhattan Youth Baseball
216 East 122nd Street, New York, NY 10035 • Phone (212) 996-4469 • Fax (212) 996-4468 • www.cyomyb.com