



GLENVIEW YOUTH BASEBALL



2010 Registration Form

Family Account #:	
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<< From the registration notice if registered in a previous year.

	Father	Mother
Full Name:		
Street Address:		
City, State, Zip:		
Primary Phone Number:		
Alternate Phone Number:		
E-Mail Address:		

Please write legibly.

Mail this registration form along with your check to:
Glenview Youth Baseball
P.O. Box 337
Glenview, IL 60025-0337

You may also register online at
www.glenviewyouthbaseball.com

	Player 1	Player 2	Player 3	Player 4
Full Name:				
Address same as:	Circle one: Father/Mother	Father/Mother	Father/Mother	Father/Mother
Date of Birth:				
Current School:				
Current Grade:				
Gender:	Circle one: Male/Female	Male/Female	Male/Female	Male/Female
Division:				
Player Fee:		_____ - \$10.00 =	_____ - \$10.00 =	_____ - \$10.00 =

Are any of these players petitioning to play in a division other than that associated with his/her age or grade?

Total (Sum of Player Fees):	
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Make check payable to "Glenview Youth Baseball."

Sponsor a team: (Fee: \$400)

Glenview Youth Baseball is an all-volunteer organization.
 Please sign up for any or all of the below.

Volunteer Category	Mother	Father
Manager	<input type="checkbox"/>	<input type="checkbox"/>
Coach	<input type="checkbox"/>	<input type="checkbox"/>
Tryout Worker	<input type="checkbox"/>	<input type="checkbox"/>
Tournament Worker	<input type="checkbox"/>	<input type="checkbox"/>
Miscellaneous	<input type="checkbox"/>	<input type="checkbox"/>

Business Name	
Contact Name	
Contact Phone	

Umpire: (Paid Position)

Full Name	
Phone Number	

Please list any physical limitations (e.g., allergies, hearing, sight, etc.).

As the parent or legal guardian of the child(ren) listed above, I hereby give my full consent and approval for my child(ren) to participate as a team member in Glenview Youth Baseball (GYB.) I understand that there are certain risks of injury inherent in the practice and play of this sport, as well as traveling and other related activities incidental to my child's participation, and I am willing to assume these risks on behalf of my child. I hereby certify that my child is fully capable of participating in GYB and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities, except those listed above.

In addition to giving my full consent for my child's participation, I do hereby release and hold harmless GYB, it's board of directors, managers, coaches, sponsors and representatives for any injury that may be suffered by my child in the normal course of participation in GYB and the activities incidental thereto whether the result of negligence or any other cause.

I also acknowledge that GYB will strenuously enforce a **zero tolerance policy** concerning spectator behavior. I agree to engage in sportsmanlike conduct at all practices and games. I further agree that, in the event that an umpire, manager, coach or any GYB board member determines, in his/her sole discretion, that I or any of my guests have engaged in un-sportsmanlike or otherwise offensive conduct directed toward **any** player, umpire, manager, coach or other spectator, I may be ejected from the ballpark and agree to leave immediately upon being requested to do so. I also understand that the matter may be referred to the GYB discipline committee for further action deemed as appropriate under the circumstances.

Date: _____

Parent or Guardian: _____

GYB Use Only	Check Number: _____	Amount: \$ _____	Batch Date: _____	Transaction Number: _____
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