



Carlyle Youth League T-Ball Registration | 2016

Please complete this form and return it with the proper fees to Carlyle City Hall, 850 Franklin Street, Carlyle, IL 62231. The deadline for registration forms is **Monday, March 21, 2016**.

Forms returned after the deadline will only be honored if there are vacancies.

Registration:

\$30.00

Checks can be made payable to: **The City of Carlyle**

(Please note that all registration payments will be held until Friday, March 25, 2016)

Child's Name: _____

Child's Age: _____ Birthdate: _____

Address: _____

Phone Number: _____

Emergency Number: _____

Hospitalization insurance carrier or company: _____

T-Ball Leagues (CHECK ONE)

Boys	Shetland	T-Ball 5 & 6 years old	Must be 5 by May 2, 2016 Cannot turn 7 before Aug. 1, 2016
Girls	Shetland	T-Ball 5, 6 & 7 years old	Must be 5 by May 2, 2016 Cannot turn 8 before Aug. 1, 2016

Shirts and hats will be provided as a part of the uniform.

Shirt Size (CHECK ONE)

	Youth Small
	Youth Medium
	Youth Large

Obligation and Assistance

1. I will see that my child is delivered to, and picked up on time from designated practice areas and game locations.
2. I will remind my child of the importance of good sportsmanship at all times before, during, and after games and practices and the importance of cooperating with others.
3. I will do my utmost to set a positive example to all children in the way I interact with league officials, league umpires, league coaches, and other fans.
4. I will try to control my actions and comments at all contests, showing a concern for all players and personnel in the league not only the team my child plays on. Or I will be willing to leave the grounds if asked by Park personnel because I haven't displayed appropriate behavior.
5. I will keep communication lines open with my child's coach and promise to help assist him or her to the best of my ability, especially during safety situations, as needed.
6. My son or daughter named on this form must adhere to and abide by all rules and regulations administered by the Park and Recreation Board and I understand that the Director of Parks and Recreation, the Umpire Coordinator, or the umpires have the right to remove any player, assistant coach, coach, or fan either temporarily or permanently, that doesn't conform to accept Park Board Policies.

I hereby release the City of Carlyle, the Carlyle Park and Recreation Department, and the department's personnel from any responsibility of accident's occurring during or pertaining to participation in the summer league programs. All participants play at their own risk. There is no medical coverage, through the city, while participating in an athletic event.

My signature on this form shows that I have read this form in its entirety and understand the information it contains.

Name of Player: _____

Parent's Names (Please Print): _____

Phone Number: _____ Email Address: _____

Signature: _____ Date: _____

Interested in coaching a team? YES / NO