

**COMMUNITY YOUTH DEVELOPMENT  
ATHLETE REGISTRATION/CONSENT FORM**

**SUMMER T-BALL 2015**

Athlete's Name \_\_\_\_\_ Parent Name \_\_\_\_\_  
Age \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_ Gender \_\_\_\_\_ PO Box \_\_\_\_\_  
Home Phone \_\_\_\_\_ Parent Cell Ph \_\_\_\_\_ Student Cell Ph \_\_\_\_\_

**PLEASE LIST ANY MEDICAL INFORMATION THAT THE COACHES OR VOLUNTEERS  
NEED TO BE AWARE OF: ALLERGIES, ASTHMA, INJURIES OR LIMITATIONS, ETC.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WAIVER/CONSENT FOR EMERGENCY TREATMENT AND PERMISSION  
TO PARTICIPATE IN THE 2015 CYD SUMMER T-BALL PROGRAM**

**I give permission for my son/daughter to participate in this season's Community Youth Development Summer T-Ball program for which I have registered above child.**

**I recognize that the activity/activities for which I am registering my child involves the risk of injury and in consideration of signing this registration, I waive and release any and all rights and claims including toward coaches, employees, volunteers, the Southeast Alaska Fairgrounds and the Haines Borough. I give my consent to emergency medical treatment as may be needed for the welfare of my child and agree to pay for such treatment.**

**I agree that my child shall be dropped off and picked up according to the program schedule or session times by a parent or appointed party or may walk to/from home.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE RETURN COMPLETED REGISTRATION FORM ALONG WITH THE PARTICIPANT FEE TO THE BOROUGH OFFICES OR TO THE HEAD COACH.**

**REGISTRATION FEES:  
1<sup>st</sup> thru 4<sup>th</sup> grade: \$30.00  
Meet at the Fairgrounds ball field**

**SUMMER PROGRAM SCHEDULE:  
Every Monday/Wednesday at 4:30  
Grades 1<sup>st</sup> thru 4<sup>th</sup>  
Begins Wed. July 1st**

**PLEASE MAKE CHECKS PAYABLE TO CYD.**

**Head Coach: Todd Winkel  
Albert Giddings, CYD, 314-3094, 766-2477, agiddings@haines.ak.us**