



# Ledyard Youth League, Inc.

PO Box 424 • Ledyard, CT 06339

2017 Registration Form

[www.eteamz.com/lyl](http://www.eteamz.com/lyl)

**AGE ON  
APRIL 30  
THIS YEAR**

Today's Date: \_\_\_\_\_

<b>PLAYER</b> Last Name: _____ First Name: _____ Birth Date: _____ / _____ / _____ Month Day Year Address: _____ City: _____ Home Phone _____ School Attending: _____ Medical Conditions, Allergies or Prohibitions: _____ Special Request (NO GUARANTEES): _____	<b>UNIFORM JERSEY SIZE</b>  <div style="border: 1px solid black; width: 50px; height: 50px; margin: 0 auto;"></div>
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<b>Mother:</b> _____ Home Phone: _____ Cell Phone: _____ email: _____	<b>Father:</b> _____ Home Phone: _____ Cell Phone: _____ email: _____	<b>Emergency Contact</b> Name: _____ Home Phone: _____ Cell Phone: _____
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**Pfizer Employees:** Would you be interested in the Pfizer Volunteer Program?  YES  NO  
Please check the area(s) in which you would be willing to help:  Coach  Asst. Coach  Commissioner  Fund Raising  Team Sponsorship

**PARENTAL CONSENT AND AGREEMENT**

I/We, the undersigned, hereby give permission for our child, named above, to participate in Baseball activities in Ledyard Youth League Baseball program for the 2016 season. I/We agree to abide by all the rules and regulations set forth by the team, Ledyard Youth League, Cal Ripken League and Babe Ruth League. If any equipment issued to our child should be lost or damaged through negligence or that of our child, we agree to pay to have it replaced. I/We understand that any insurance, which may be carried by Ledyard Youth League is secondary to whatever coverage we have. In the event of a claim, I/We agree to submit the claim to our insurance company. In the event of an injury, I/We hereby give permission for our child, named above, to be transported to a nearby emergency medical facility. Additionally, we give permission for medical treatment to be administered as deemed necessary by medical staff. I/We, hereby, for myself/ourselves, our heirs, executors and administrators waive and release any and all rights and claims for damages or injury against the Ledyard Youth League, Cal Ripken and Babe Ruth League and the teams that compose the league and their administrators, board members and coaches for any and all injuries suffered by our child in games, practices, meetings, or transportation to and from such, which may occur in the 2016 Baseball Season. Parent Initials \_\_\_\_\_

	Fee	Age	Remarks
<input type="checkbox"/> Babe Ruth	\$135	13 - 15	Play up age 12
<input type="checkbox"/> Majors	\$115	10 - 12	By Draft - Play up age 9
<input type="checkbox"/> Minors	\$115	8 - 11	By Draft - Play up age 7
<input type="checkbox"/> Farm	\$115	7--9	May not turn 10 during season
<input type="checkbox"/> Tee Ball	\$80	4 - 6	

**PLAYING UP**

Parents wanting their child to play up must have LYL approval. Parents must understand and agree that playing up is not guaranteed.  
Parent Initials: \_\_\_\_\_ LYL Official: \_\_\_\_\_

**INJURIES / ASSUMPTION OF RISK**

I/We acknowledge that injuries may occur in the course of any athletic activity, and I/We hereby specifically assume all risk of injury occurring during the course of my/our child's participation in the activities associated with the program sponsored by Ledyard Youth League. In consideration of my/our child being accepted as a participant in Ledyard Youth League Baseball, I hereby, for myself, my heirs, executors and administrators, release and discharge the Ledyard Youth League, the Ledyard Youth League Executive Board, coordinators, coaches, managers, officials, team parents or anyone associated with said League and/or Executive Board, all Town of Ledyard Departments and employees to include but not limited to Board of Education, Parks and Recreation Department, and Public Works Department, any person(s), organization(s) and sponsors associated with the Ledyard Youth League from all claims, damages, rights of action present or future, whether the same be known, anticipated or unanticipated, resulting from or arising out of, or incident to the aforementioned participant in Ledyard Youth League Baseball. The Ledyard Youth League Baseball program carries accident insurance coverage for all youths participating in our Baseball program. The accident has a \$250 deductible per occurrence. I understand I may be required to pay the initial deductible if my primary insurance fails to cover this amount. However, IF OTHER INSURANCE IS COLLECTIBLE, THE \$250 DEDUCTIBLE IS WAIVED. Parent Initials \_\_\_\_\_

**PARENTS' CODE OF ETHICS**

I Hereby Pledge To Provide Positive Support, Care and Encouragement for My Child Participating in Youth Sports by Following This Code of Ethics

- Do not force your child to participate in the sport if he or she is unwilling.
- I recognize the value and importance of coaches; they are volunteers giving their time and effort to help teach our children. If you have any questions, suggestions, concerns or issues about a practice or game, please set up a meeting with the coach.
- I will encourage good sportsmanship and lead by example by demonstrating positive support for all players, coaches, and officials at every game, practice or other youth sports events. Encourage the players, please do not yell or ridicule them for making mistakes.
- I will place the emotional and physical well-being of my child ahead of any personal desire to win.
- I will help my child recognize their mistakes and help them learn from them.
- I will provide support for coaches and officials working with my child to provide a positive, enjoyable experience for all.
- I will demand a drug, alcohol and tobacco-free sports environment for my child and agree to assist by refraining from their use at all youth sports events.
- I will remember that the game is for children and not for adults.
- I will do my very best to make youth sports fun for my child.
- I will ask my child to treat other players, coaches, fans, and officials with respect.
- I will promise to help my child enjoy the youth sports experience within my personal constraint by assisting with coaches, being a respectful fan, providing transportation or whatever I am capable of doing.
- Do not publicly question the official's judgment or their integrity. Should you have any issues regarding officials or their decisions, discuss them with your child's coach at an appropriate time and place. The coach will decide if the issue warrants a discussion with the official

Parent Initials \_\_\_\_\_

**NO REFUNDS AFTER UNIFORMS HAVE BEEN PURCHASED**

**PARENT SIGNATURE**

Your payment of the registration fee and this form registers your child with Ledyard Youth League and NOT a specific team.

X \_\_\_\_\_  
(Signature of Parent/Guardian)

**FOR LEAGUE USE ONLY** Paid: Cash  Check # \_\_\_\_\_ Amount \_\_\_\_\_ League Official: \_\_\_\_\_