



Atwater Youth Baseball,
Softball & T-Ball
P.O. Box 148 – Atwater, CA 95301
Phone (209) 358-5965

(FOR LEAGUE USE ONLY)

Application #: _____ **Division:** _____

Team: _____

Baseball age on May 1, 2010 _____
T-Ball/Softball age on January 1, 2010 _____

Players First Name: _____ **Players** Last Name: _____ **Players** Birthdate: _____

Address: _____ City: _____ Zip: _____

Parent/Guardian First Name: _____ Parent / Guardian Last Name: _____ Parent/Guardian Phone #: _____

Email: _____ Alt #: _____

Parent/Guardian First Name: _____ Parent / Guardian Last Name: _____ Parent/Guardian Phone #: _____

Email: _____ Alt #: _____

Did you play last year with AYB? Yes / No **Do you wish to stay on the same Team?** Yes / No **What Team?** _____

Do you have a brother or sister in same division? Yes / No **If so what is his/her name?** _____

Shirt Size (circle one) Youth: (S 6-8) (M 10-12) (L 14-16) Adult: (S) (M) (L) (XL) (XXL)

PARENTS!!!!!!!
AYB IS LOOKING FOR YOU!!
We need Coaches, Team Parents & helping hands to volunteer for a variety of other activities.

WE CANT DO IT ALL ON OUR OWN!!!!

COACH ASSISTANT COACH

TEAM PARENT SNACK BAR VOLUNTEER

TEAM SPONSOR

T-BALL (COED)

T-Ball (4, 5, 6) \$50

BASEBALL

Jets (7, 8) \$55
 Minors (9, 10) \$55
 Majors (11, 12) \$55
 Ponies (13, 14)** \$55

SOFTBALL

Minnies (7, 8) \$55
 Minors (9, 10) \$55
 Majors (11, 12) \$55
 Fillies (13, 14)** \$55

For Baseball & Softball
If not enough 13 or 14 yrs olds sign up, the 13 yr olds will be moved back down to the Majors. 13 yr olds may be able to pitch, unless they have played travel ball at any time in 2009, then they **cannot pitch.

MEDICAL RELEASE

Please list any medical conditions or limitations your child might have: _____

Clinic, Hospital, Doctor's Name: _____ Phone No _____

In case of emergency, if the Doctor cannot be reached, I authorized my child to be treated by another qualified, licensed doctor: Yes / No (circle one)

Parent/Guardian: _____ Parent/Guardian: _____
(Please Print) (Signature)

PLEASE DO NOT WRITE IN BOX (FOR LEAGUE USE ONLY)

Date Received: _____ **Fee \$** _____ **Amt Pd: \$** _____ **Bal Due: \$** _____ **Paid: Cash/ CC / Check #** _____

Multi-player discount ? Yes No (take \$5 off each additional sibling registered) **Early Discount \$5?** Yes No

Method of Registration: Bowling Alley Mail Ups Phone Drop-off BBQ Other _____

Birth Certificate Verified **Board Initials:** _____