


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

APPLICATION NO: _____ DIVISION: _____ AYBS&T 2007

<u>BOYS & GIRLS (COED)</u>	<u>BOYS</u>	<u>GIRLS</u>
<input type="checkbox"/> Teeball (4 ½, 5, 6) \$45 	<input type="checkbox"/> Jets Baseball (7,8) \$50 <input type="checkbox"/> Minors Baseball (9,10) \$50 <input type="checkbox"/> Majors Baseball (11,12) \$50 <input type="checkbox"/> Pony Jr. Baseball (13,14) \$60 <input type="checkbox"/> Pony Sr. Baseball (15, 16) \$60	<input type="checkbox"/> Minnies Softball (7,8) \$50 <input type="checkbox"/> Minors Softball (9,10) \$50 <input type="checkbox"/> Majors Softball (11,12,13*) \$50 <small>*13-year-old girls may not participate if they have played on <i>any</i> competitive travel softball team or on <i>any</i> competitive school league softball team <i>at any time in 2006</i>. They also can't play either of the two competitive teams during our current softball season.</small>

Baseball/Teeball age on May 1, 2007: _____ or Softball age on January 1, 2007: _____

Last Name: _____ First Name: _____ Birth Date: _____

Mailing Address: _____ City: _____ Zip: _____

Phone Number: (____) _____ - _____ Main (____) _____ - _____ Alternate

Did you play last year? Yes / No Team Name: _____ Division: _____

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

Shirt Size (circle only one size): Youth: (XS) (S) (M) (L) Adult: (S) (M) (L) (XL)

MEDICAL RELEASE

Parent's/Guardian's Name: _____ Phone No: _____

List any medical problems or prohibitions your child might have: _____

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

In case of emergency, if the above Doctor cannot be reached, I authorize my child to be treated by another qualified, licensed doctor: YES / NO (circle one).

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

PLEASE DO NOT WRITE BELOW THIS LINE (FOR LEAGUE USE ONLY)

Date Received: _____ Fee: \$ _____ Amount Paid: \$ _____ Balance Due: \$ _____ Paid By: Cash or Check # _____

Division: _____ Team: _____ Parent Will Coach? Yes / No Board Members Initials: _____

METHOD OF REGISTRATION: Bowling Alley Mail Phone Other: _____

Multiple Player Discount? Yes / No (if 'Yes', take \$5.00 off for each **additional** sibling registered & list all siblings below)

ATWATER YOUTH BASEBALL!



SOFTBALL, & TEEBALL SIGNUPS!

BOYS & GIRLS, AGES 4 ½ THRU 16

Sign up in person at:

BELLEVUE BOWL on the weekends from
December through *early* February
11:00am until 3:00pm

Or mail your completed registration form with full payment to:

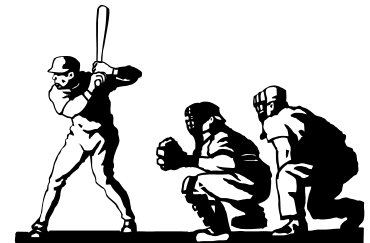
AYB
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Atwater's "BIG" League

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Visit us on the web at: www.AtwaterYouthBaseball.com for up-to-date information.