

****Register online at
www.greenfieldyouthbaseball.com****

Mail Registration To:
GYBA
826 East Lincoln St.
Greenfield, IN 46140

Greenfield Youth Baseball Association
2015 Registration for Participation

_____ Male Female Birth Date ___/___/___
 Player's Name

_____ City _____ Zip Code
 Street Address

_____ Phone _____ e-mail
 Parent(s) or Guardian(s) Name(s)

League and Typical Birth Dates (Circle One)

Seniors		Ages 16-18	Registration Fee of \$100.00*
Babe Ruth	May 1, 1999–April 30, 2002	Ages 13-15	Registration Fee of \$110.00*
Cal Ripken Majors	May 1, 2002–April 30, 2004	Ages 11-12	Registration Fee of \$110.00*
Cal Ripken Major/Minors	May 1, 2004–April 30, 2006	Ages 9-10	Registration Fee of \$110.00*
Cal Ripken Minors	May 1, 2006–April 30, 2008	Ages 7-8	Registration Fee of \$110.00*
Cal Ripken Rookies	May 1, 2008–April 30, 2010	Ages 5-6	Registration Fee of \$100.00*
			Maximum Family Fee of \$270.00

I/We, the parent or guardian of the above named candidate for a position on a Greenfield Youth Baseball Association (GYBA) team, hereby give my/our approval to participate in any and all GYBA activities, including but not limited to practice, games, fundraising events, and transportation to and from GYBA sanctioned activities. I/We know that participation in baseball may result in serious injury and protective equipment does not prevent all injuries to players. I/We do hereby waive, release, absolve, indemnify and agree to hold harmless the local Greenfield Youth Baseball Association and Babe Ruth Baseball, Inc.; the organizers, sponsors, supervisors, participants, and persons transporting my/our child whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance.
I/We will furnish a certified birth certificate of the above named candidate to league officials.

Parent or Guardian Signature _____

GYBA WILL NOT TOLERATE UNSPORTSMANLIKE, UNRULY, OR ERRATIC BEHAVIOR ON THE PART OF PARTICIPANTS OR SPECTATORS. VIOLATORS WILL BE ASKED TO LEAVE OR WILL BE ESCORTED OUT BY THE CIVIL AUTHORITIES.

Please check the following if you are interested: ___ Manager ___ Asst. Coach ___ Team Mom Name: _____

Shirt Size (Please Circle One): YS YM YL AS AM AL AXL A2XL A3XL

Concession Stand Registration Dates/Times: 02/01, 02/08, 02/15, 02/22 from 9:00 to 12:00

* A Late Registration fee of \$10.00 will be assessed beginning March 1st.