

# Auburn Youth Athletics Youth Baseball Registration 2016

**Character  
Leadership  
Fitness**



**Auburn Youth Athletics provides the opportunity to participate in quality organized athletics through leagues, special events, camps and clinics. We work hard to teach fundamental skills and rules, teamwork and sportsmanship in a fun atmosphere with the leadership of well-trained volunteers and staff.**

Player's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ Sex: M or F Date of Birth: \_\_\_/\_\_\_/\_\_\_

Returning player Yes No Previous Team/Coach \_\_\_\_\_ T-shirt Size: YS YM YL YXL AS AM AL AXL

Mother /Guardian Name: \_\_\_\_\_ Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

Father /Guardian Name: \_\_\_\_\_ Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

Please list any medical problems (allergies) or special needs: \_\_\_\_\_

Auburn Youth Athletics welcomes the participation of all individuals, including those with disabilities or special needs. We are committed to compliance with the ADA and will provide reasonable accommodations to facilitate participation in our program. To ensure that reasonable accommodations are in place, program registration or accommodation requests should be received at least two weeks prior to the start date of the program. For more information, please contact Dan Pruehs at 770-963-4002 ext 230. Auburn Youth Athletics recommends that parents or guardians consult their participant's pediatrician or health care professional to assess their participant's ability to participate in an athletic program. It is requested that parents or guardians provide in writing any additional instructions for the specific condition or need of their participant.

I hereby pledge to provide positive support and care for my child participating in youth sports by encouraging and demonstrating good sportsmanship for all players, coaches, and officials at every game, practice and youth sports event. I will ask my child to treat other players, coaches, fans, and officials with respect regardless of race, sex, creed or ability.

**Photography Waiver:** Photos may be taken of my child while participating City activities and may be used for program publicity without compensation.

**Release and Indemnity Agreement:** I understand that participating in the recreational program selected involves risk of serious injury. These risks include inclement weather, accidents while traveling, serious injuries, equipment problems or failures, contacts with actions of other participants, slips/trips/falls, and musculoskeletal injuries, among others. I choose for myself or my child to participate in the program despite the risks. By signing this baseball registration form, I acknowledge all risks of injury, illness and death and affirm that I have assumed all responsibility of injury, illness or death in any way connected with participation in the program. I also agree for myself and for my child participant to follow all rules and procedures for the program and to follow reasonable instructions of the facilitators of the program.

In return for the opportunity to participate in the program, I agree for myself and for my heirs, assignees, executors, administrators and my child to release, waive, and discharge any legal rights I may have to seek payment or relief of any kind from the City, its employees or its agents for injury, illness or death resulting from this program. If I am registering a child for a program, I agree that I am a parent, legal guardian, or am otherwise responsible for the child whose application I am submitting and that I release, waive, and discharge any legal rights I may have to seek payment or relief of any kind from the City, its employees or its agents for injury, illness or death resulting from this program. I also agree not to sue the City, its employees or its agents and agree to indemnify the City for all claims, damages, losses, or expenses, including attorney's fees, if a suit is filed concerning an injury, illness or death to me or the registered child resulting from participating in the program.

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

Date: \_\_\_\_\_

**For Office Use Only:**

League Age: \_\_\_\_\_

Verified By: \_\_\_\_\_

Team: \_\_\_\_\_

Receipt #: \_\_\_\_\_

Fee Paid: \_\_\_\_\_

League: \_\_\_\_\_

# 2016 Baseball Information

Please circle league:

Child's age as of 8/31/2016

Baseball:

Level	Age	Fees
Rookie	3-4	\$85
T-Ball	5-6	\$115
PeeWee	7-8	\$115
Minors	9-10	\$115
Majors	11-12	\$115
Dixie Boys	13-19	\$150

*Payment must be made by cash, check or money order.  
No refunds will be given after player placement*

- Games will be played at community centers within your athletic district
- Please register in person at City Hall, 1369 4th Avenue, Auburn, GA 30011 or at the following Walk-Up Dates—Walk Up Registration will be held at Auburn Ball Fields on Mary Carter Road

**Saturday, August 6, 2016**—1:00-3:00 pm

**Tuesday, August 9, 2016**—6:00-8:00 pm

Coaches needed! Interested in helping our youth build fitness, leaders and character through our organized sports program?

Email [parksdirector@cityofauburn-ga.org](mailto:parksdirector@cityofauburn-ga.org) for a coach's application



City of Auburn Parks & Leisure  
1369 4th Avenue  
P.O. Box 1059  
Auburn, GA 30011



## Auburn Youth Athletics

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Auburn Youth Athletic  
Auburn Parks & Leisure Commission  
Dan Pruehs, Parks & Leisure Director  
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[parksdirector@cityofauburn-ga.org](mailto:parksdirector@cityofauburn-ga.org)  
[www.cityofauburn-ga.org](http://www.cityofauburn-ga.org)

