

MONTGOMERY COUNTY DYB

Spring 2024 REGISTRATION FORM

Mark One Division

The following items are required for registration to be complete:

- _____ This registration form completed and signed by parent/guardian
- _____ Copy of players' birth certificate
- _____ \$50 NON-REFUNDABLE FEE (\$10 late fee if received after February 18th)

Cash _____ Check # _____ Paypal _____
www.mocoball.com

Division	
_____	Tee Ball (Ages 4-6)
_____	Coach Pitch (Ages 7-8)
_____	Minors (Ages 9-10)
_____	Ozone (Ages 11-12)

Player Name: _____
(as it appears on birth certificate)

Name Called: _____ Age: _____ Date of Birth: _____ / _____ / _____

Phone Number(s) _____ Name of Person(s) _____

Physical Address: _____

Email: (required) _____

Name of siblings in the same division: _____

UNIFORM

Jersey Size – Specify ADULT or YOUTH _____ Hat Size (Circle One): ADULT or YOUTH

Three choices for Jersey #

1st # _____ 2nd # _____ 3rd # _____

Player is responsible for the following items:

- Pants, Belts and Socks
- Batting Helmet
- Bag to carry items
- Glove
- Cleats

PARENTAL AUTHORIZATION

I, the parent or guardian of the above candidate hereby give my approval to his/her participation in any and all league activities during the current season. I assume all risks and hazards incidental to such participation including covid exposure and transportation to and from the league activities, and do hereby waive, release, absolve, indemnify, and agree to hold harmless the parent, local league organization, organizers, sponsors, supervisors, facilities owners, other participants, and persons transporting the player to and from activities, for any claim arising out of the league. I also grant permission to managing personnel or other league representative to authorize and obtain medical care from any licensed physician, hospital, or medical clinic should the player become ill or injured while participating in the league activities away from home, or at other time when neither parent/legal guardian is available to grant authorization for emergency treatment. I agree to return upon request the uniform and other equipment issued to the player in good condition, except for normal wear and tear. I will furnish a certified birth certificate of the above named player upon request by the league officials. Spots are limited First come, first serve. Teams are limited to 12 players per team. No exceptions and no refunds. Players will not be allowed to practice or receive uniforms until payment is turned in.

I hereby agree to the Parental Authorization. I also hereby agree to play with any team, and any division to which my child is assigned to for the season.

Parent/Guardian Name: _____

PRINTED

SIGNATURE

DATE