

**BIXBY YOUTH BASEBALL**  
**2010 INSTRUCTIONAL LEAGUE – PLAYER APPLICATION FORM**  
Please Print Legibly

Child's First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Home Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_ DOB \_\_\_\_\_  
Previous Team/Coach \_\_\_\_\_ New Team/coach ( Yes / No ) Play Up? ( Yes / No )  
Coach / Team Request / Comments \_\_\_\_\_

Guardian Info: Name \_\_\_\_\_ Phone (H) \_\_\_\_\_ Cell \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Do you want to receive rainout & change information via text message? ( Yes / No ) Cell Company \_\_\_\_\_

Guardian Info: Name \_\_\_\_\_ Phone (H) \_\_\_\_\_ Cell \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Do you want to receive rainout & change information via text message? ( Yes / No ) Cell Company \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_ Phone \_\_\_\_\_  
Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

BYB manages its facilities, games, players, and teams via an online system. You will be required to log in to make any changes to your information. You will need an e-mail address, Login Name, and Password. If you do not have an e-mail address, see a BYB Board member. You will receive a confirmation email after your child is registered in the system from this form. You should then log in with the information provided below, check for errors and change your password.

Email address \_\_\_\_\_ Login Name \_\_\_\_\_ Password \_\_\_\_\_

**CONSENT AND RELEASE**

I, the undersigned, the parent or guardian agree to allow the above applicant to participate in Bixby Youth Baseball Association's baseball program and abide by its rules and regulations as set forth by the BYB Board of Directors. I certify the information provided herein is correct.

As the parent or legal guardian of the above named player, I hereby give my consent for emergency medical care as prescribed by a duly licensed doctor of medicine or doctor of denistry. This care may be given under any conditions to preserve the life, limb, or well being of my child or ward.

My signature below acknowledges I am aware that participation in sports activities exposes my child or ward to the risk of physical injury. This being considered, I do release and exonerate the Board of Bixby Youth Baseball, their agents and employees, their designated representatives, the City of Bixby, and their agents and employees or designated representatives from any and all liability as a result of injury associated with participation in this sports activity.

**Name (Printed )** \_\_\_\_\_

**Signature & Date** \_\_\_\_\_

**BYB USE ONLY**

Payment ( Cash / Check / Scholarship ) \$ \_\_\_\_\_ Receipt # \_\_\_\_\_ Multi Player Disc ? ( Y/N )

Team/Coach Assignment \_\_\_\_\_ Parent will ( Coach / Assist ) Existing Online Account ( Y/N )