

BIXBY YOUTH BASEBALL

COMPETITIVE LEAGUE - TEAM APPLICATION FORM

PLEASE PRINT LEGIBLY

Coach's Name _____ Team Name _____

Age Division _____ Home Address _____ City/State/Zip _____

Coach / Team Request or Remarks _____

Player Name (First & Last) _____	Date of Birth _____
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BYB manages its facilities, games, players, and teams via an online system. You will be required to log in to make any changes or updates to your information. You will need an email address, Login Name and Password. If you do not have an email 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 _____ Temp Password _____

CONSENT AND RELEASE

I, the undersigned, the coach or team representative with authority granted me by the parents of above players, agree to allow the above players 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.

My signature below acknowledges my team, parents and coaches "TEAM" are aware that participation in sports activities exposes players to the risk of physical injury. This being considered, my TEAM does 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 my TEAM's participation in this sports activity.

Name (Printed) _____

Signature and Date _____

BYB USE ONLY

Payment (Cash / Check / Scholarship) \$ _____ Receipt Number _____ Mult Player Disc? (Y/N)

Team / Coach Assignment _____ Parent will (Coach / Assist) Existing Online Account? (Y/N)

