

Argyle Youth Sports Association (www.argylesports.com)

Spring 2009 Baseball / Softball / T-Ball Registration

Circle one: Baseball Softball T-Ball

(To be eligible to play in AYSA sports you must be eligible to attend Argyle ISD)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Birth Date: \_\_\_/\_\_\_/\_\_\_ Age 5/01/09: \_\_\_ Sex: \_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ eMail Address: \_\_\_\_\_

(Print L's as caps and make sure "-"s and "\_"s are clear.)

Team Last Played on: \_\_\_\_\_ Coach: \_\_\_\_\_

Circle The League Your Child Is Playing In

(Sports age is age on May 1st)

T-ball 5-6 year olds -----\$75

Coach Pitch 7-8 year olds -----\$100

Kid Pitch 9-14 year olds -----\$100

Jersey Sizes (Circle Player Shirt Size):

Table with 8 columns: Youth XS, Youth S, Youth M, Youth L, Adult S, Adult M, Adult L, Adult XL

Would you like to be a head coach? \_\_\_\_\_ Would you like to be an assistant coach? \_\_\_\_\_

Would you be willing to sponsor a team? \_\_\_\_\_ \$300 gets your information on the back of the Jerseys.

Registration Deadline !!!! This form must be turned in to the Argyle Youth Sports Association at P.O. Box 8 Argyle, Texas 76226 on or before Thursday January 29th. You can also turn this form in on Thursday January 29th from 5PM to 7PM at the Argyle Elementary Baseball Field Concession Stand, rain or shine.

Mandatory Player Evaluation/Coach Look Is February 1st

Contacts:

Baseball: Steve Cole (817) 929-5064 stevecole@lilly.com

Age 7 at 12:00 PM

Age 8 at 12:45 PM

Ages 9-10 at 1:30 PM

Ages 11-12 at 2:30 PM

Ages 13-14 Date & Time To Be Determined

Softball: To Be Determined

Booster club scholarships are available.

Waiver of Liability: I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the Argyle Youth Sports Association. Recognizing the possibility of physical injury associated with baseball and in consideration for the Argyle Youth Sports Association accepting the registrant for its baseball programs and activities, I hereby release, discharge and/or otherwise indemnify the Argyle Youth Sports Association, all Board members, coaches, its affiliates, organizations and sponsors, their employees and associated personnel, including the owners of the fields and facilities used for the programs, against any claims by or on behalf of the registrants as a result of the registrant's participation in the programs.

Consent For Medical Treatment (Minor): I the parent/guardian of the registrant, a minor, hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my dependent.

Parent/Gardian Name: \_\_\_\_\_ Hm/Cell#: \_\_\_\_\_

Parent/Gardian Name: \_\_\_\_\_ Hm/Cell#: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

For more info visit argylesports.com Check Number: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

\*\*\*\*\*There will be a field work day on Sunday 1/25 from 12-4 at the Baseball Fields. Please Come by to help get the fields ready.\*\*\*\*\*