



YARDVILLE CYO TEE BALL LEAGUE

**A COED TEE BALL LEAGUE FOR 4 and 5
YEAR OLDS WILL BE OFFERED BY THE
YARDVILLE CYO BEGINNING
August 29, 2020**

GAMES WILL BE PLAYED ON SATURDAYS & SUNDAYS
AT THE CYO BASEBALL FIELD IN YARDVILLE



Age requirements: Must be ages 4 or 5 by August 29, 2020

Registration Fee: \$85 *price includes team shirt

- * VOLUNTEER COACHES NEEDED
- * TEAM SPONSORSHIPS ALSO AVAILABLE

REGISTRATION DEADLINE: "FIRST COME, FIRST SERVED"

Any questions, please contact Dan Bossio at 585-4280 Ext. 112 or email dbossio@cyonj.org
please return the bottom portion with your payment in full to:



Yardville CYO Attn: Dan Bossio
453 Yardville-Allentown Rd.
Yardville, NJ 08620



**Due to current health
guidelines all players
must provide their own
bats, helmets & gloves.**

Child's Name: _____ Birthdate: _____
 Parent's Name: _____
 Address: _____
 Contact #: _____
 *Contact e-mail: _____

Interested in being a volunteer coach? Y / N Interested in being a team parent? Y / N
****MUST fulfill coaching requirements in order to coach. Coaches Application & Criminal background check**

Payment by: Check Cash Credit Card (\$85 registration fee)
 CC # _____ exp _____

***sign waivers on reverse side**

MERCER COUNTY CYO

Permission to Participate

I give permission for my child _____ to participate in CYO Athletics.

Parent's or Guardian's Signature _____

Medical Authorization

I certify that my child's current physical condition is satisfactory for participating in CYO Athletics. I know of no reason to restrict my child's activity and give permission in CYO Athletics. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the CYO of Mercer County to hospitalize, secure proper treatment for, and injection of anesthesia or surgery for my child named above.

Parent or Guardian's Signature _____

Acknowledgement of Risk/Waiver and Release

I certify that my child's physical condition is satisfactory for participating in the above CYO Program. I recognized that there are certain risks of physical injury in any athletic program and I hereby assume full responsibility for any expensed incurred as a result in my child's participation in CYO Athletics. I agree to: (A) waive and relinquish; (B) fully release and discharge; and (C) indemnify and hold harmless the Mercer County CYO and the Diocese of Trenton and their officers, agents and employees from any and all claims from injuries, damage or loss which may accrue to me on account of my child's participation in CYO Athletics.

Parent or Guardian's Signature _____

Photo/Video Release

I give ____/do not give ____ the CYO permission to use any photographs or video footage of my child for any promotional or other legitimate reason, including in newspapers, brochures, website, facebook, etc...

Signature _____ Date _____

PARENT / EMERGENCY CONTACT INFORMATION

Mother / Guardian's Name: _____ Address: _____
Phone Numbers: (H) _____ (W) _____ (C) _____
E-mail Address: _____

Father / Guardian's Name: _____ Address: _____
Phone Numbers: (H) _____ (W) _____ (C) _____
E-mail Address: _____

In case we are unable to reach you, please give us two emergency contacts:

Emergency Contact Name: _____ Address: _____
Phone Numbers: (H) _____ (W) _____ (C) _____

Emergency Contact Name: _____ Address: _____
Phone Numbers: (H) _____ (W) _____ (C) _____