

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, 20

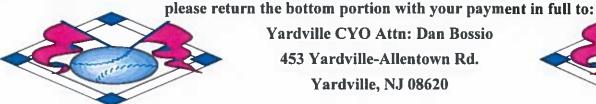
Registration Fee: \$85 *price includes team shirt

VOLUNTEER COACHES NEEDED

TEAM SPONSORSHIPS ALSO AVAILABLE

REGISTRATION DEADLINE: "FIRST COME, FRST SERVED"

Any questions, please contact Dan Bossio at 585-4280 Ext. 112 or email dbossio@



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

The state of the s

Due to current health

guidelines all players

must provide their own

bats, helmets & gloves.

Child's Name	e:				Birthdat	e:
Parent's Nan	ne:					
Address:						
Contact #:	_					
Contact e-m	nail:					
nterested in being a volunteer coach? Y/N			Interested	in being a team parent?	Y/N	
**MUST fulf	fill coaching re	quirements in or	ler to coach.	Coaches A	application & Criminal backs	ground check
Payment by:	Check	Cash	Credit	Card	(\$85 registration fee)	
	CC#					ехр
						*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 condi	ition is satisfactory for participating in CYO Athletics. I know of
	ve permission in CYO Athletics. In the event that I cannot be
reached in an emergency, I herby give permiss	sion to the physician selected by the CYO of Mercer County to
hospitalize, secure proper treatment for, and in	njection of anesthesia or surgery for my child named above.
Parent or Guardian's Signature	
Acknowledgement of Risk/Waiver and Rele	ease ease
	satisfactory for participating in the above CYO Program. I
	cal injury in any athletic program and I hereby assume full
	esult in my child's participation in CYO Athletics. I agree to: (A)
	charge; and (C) indemnify and hold harmless the Mercer County
	icers, agents and employees from any and all claims from injuries,
	count of my child's participation in CYO Athletics.
Parent or Guardian's Signature	
Photo/Video Release	
	ssion to use any photographs or video footage of my child for any ing in newspapers, brochures, website, facebook, etc
Signature	Date
PARENT / EMERO	GENCY CONTACT INFORMATION
Mother / Guardian's Name:	Address:
Mother / Guardian's Name:	(C)
E-mail Address:	
Father / Guardian's Name:	Address:
Father / Guardian's Name:(W)(W)	(C)
E-mail Address:	
In case we are unable to reach you, please give us	two emergency contacts:
Emergency Contact Name:	Address:
Emergency Contact Name:(W)(W)	(C)
Emergency Contact Name:(W)	Address:
Phone Numbers: (H) (W)	(C)