



# YARDVILLE CYO TEE BALL LEAGUE

**A COED TEE BALL LEAGUE FOR 4 and 5  
YEAR OLDS WILL BE OFFERED BY THE  
YARDVILLE CYO BEGINNING  
APRIL 15, 2023**

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



Age requirements: Must be ages 4 or 5 by April 15, 2023

**Registration Fee: \$95** \*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@cyomercer.org](mailto:dbossio@cyomercer.org)

please return the bottom portion with your payment in full to:

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



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                      (\$95 registration fee)

CC # \_\_\_\_\_ exp \_\_\_\_\_

# 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) \_\_\_\_\_