



web: www.oyd.org

# Bourne Youth Baseball

PO Box 266, Buzzards Bay, MA 02532



e-mail: byb@byb.org

## 2012 Registration Form

### Make checks payable to Bourne Youth Baseball or BYB

<i>Division</i>	<i>1 player</i>	<i>2 Players</i>	<i>3 Players</i>	<i>4 Players</i>
<b>Tee Ball (ages 4 to 5)</b>	\$70.00	\$125.00	\$180.00	\$235.00
<b>Minor West (ages 6 to 7)</b>	\$70.00	\$125.00	\$180.00	\$235.00
<b>Minor East (ages 8 to 9)</b>	\$125.00	\$235.00	\$345.00	\$455.00
<b>American/National (ages 10 to 12)</b>	\$125.00	\$235.00	\$345.00	\$455.00

Please print clearly

Players Full Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_

Residential Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_

Parent's e-mail Address: \_\_\_\_\_

Medical Issues or Limitations: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Home Tel: \_\_\_\_\_ Cell Tel: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Home Tel: \_\_\_\_\_ Cell Tel: \_\_\_\_\_

Division Last Year (circle one): T-Ball    Minor West    Minor East    American    National

**Tee Ball Only:** Which field do you live closest to: (✓ only one)

\_\_\_ Pocasset    \_\_\_ Monument Beach    \_\_\_ Sagamore Beach    \_\_\_ Buzzards Bay

**Bourne Youth Baseball has instituted a Parent Code of Contact.**

**Volunteers contribute their time to make this an enjoyable experience for your child.  
Bourne Youth Baseball are now looking for volunteers for the upcoming season.  
If you are interested please indicate your choice below. Thank You.**

**Father/Mother(circle one)    Volunteer For(circle one)    Coach    Asst.Coach    Field Prep    Snack Bar**

**In Which division:    T-Ball    Minor West    Minor East    American    National**

**The PCC form on the back of this form must be signed in order to complete this registration.**

In rare instances a medical emergency arises in which consent by parent/legal guardian is legally required, but the parent/ legal guardian cannot be located. In such instances, in order to avoid delay of medical treatment, we request the following permission be granted from the parent/legal guardian.

**I hereby grant permission to Bourne Youth Baseball to seek medical treatment for the player listed on this form.**

Parent/Legal Guardian Signature: \_\_\_\_\_

Name on check \_\_\_\_\_ Check#: \_\_\_\_\_ CORI form filled out \_\_\_\_\_ PCC signed \_\_\_\_\_ Reg Pd \_\_\_\_\_ League Use Only

**Bourne Youth / Babe Ruth Baseball League**  
**Parent Code of Conduct**  
(THIS FORM IS MANDATORY)

I pledge to provide positive support, care, and encouragement for my child participating in Bourne Youth / Babe Ruth Baseball by following the Bourne Youth / Babe Ruth Baseball League's Parent Code of Conduct.

**As a supportive Parent:**

- 1 I will encourage good sportsmanship by demonstrating positive support for all players, coaches, managers, and other officials at every game, practice, or other event.
- 2 I will place the emotional and physical well being of my child ahead of my personal desire to win.
- 3 I will insist that my child play in a safe and healthy environment.
- 4 I will support coaches, managers, and officials working with my child, in order to encourage a positive and enjoyable experience for all.
- 5 I will do my best to make baseball fun for my child and his/her teammates.
- 6 I will help my child enjoy his/her baseball experience by being a respectful fan and supporting parent.
- 7 I will treat other players, coaches, managers, fans, and umpires with respect regardless of race, sex, or ability.
- 8 I will remember the game is for youth---not adults.

By registering your child to participate in any Bourne Youth / Babe Ruth Baseball program you also agree that if you fail to abide by the aforementioned rules and guidelines, the parent/guardian will be subject to disciplinary action that could include, but is not limited to the following:

- 1 Verbal warning by official, head coach, and/or head of league organization
- 2 Written warning
- 3 Parental game suspension with written documentation of incident kept on file by organizations involved
- 4 Game forfeit through the official or coach
- 5 Parental season suspension

\_\_\_\_\_  
Player Name (please print)

\_\_\_\_\_  
Parent/Guardian Signature  
Signature of one parent covers family

\_\_\_\_\_  
Date