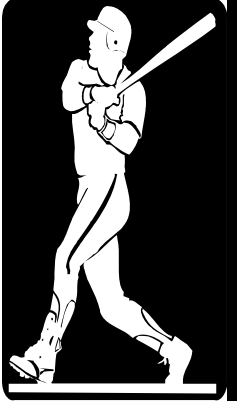


# 2011 JUNIOR BABE RUTH APPLICATION (13-15 YRS OLD)

- |                  |                 |          |                       |               |          |
|------------------|-----------------|----------|-----------------------|---------------|----------|
| • President      | Michele Doyle   | 690-0198 | • League General Mgr. | Paul Rossolo  | 734-5169 |
| • Vice President | Reed Armijo     | 413-6501 | • Secretary           | Ed Evans      |          |
| • Treasurer      | Bret Linsenmann | 413-4083 | • Registrar           | Cynthia Wiley | 203-2484 |

[www.jacksonholeyouthbaseball.com](http://www.jacksonholeyouthbaseball.com)

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\_\_\_\_\_ *Player's LAST name* \_\_\_\_\_ *FIRST name*

B-date \_\_\_\_\_ **(MUST BE 13 YEARS OLD BY May 1<sup>st</sup>, 2011)**

\_\_\_\_\_ *Mailing address* \_\_\_\_\_ *Town* \_\_\_\_\_ *Zip*

\_\_\_\_\_ *Home phone* \_\_\_\_\_ *Cell Phone #* \_\_\_\_\_ *Parent work / Emergency phone*

\_\_\_\_\_ *Parent or Guardian's name (Please print)* \_\_\_\_\_ *Parent's email*

Family Physician is \_\_\_\_\_ Physician phone \_\_\_\_\_

**MEDICAL RELEASE FORM.....**This is to certify that I, parent/guardian of the above named player, a member of the Jackson Hole Youth Baseball League, hereby grants permission to the adult manager, coach, or chaperone of the team to obtain medical care from any licensed physician, hospital, or medical clinic for the player named herein at such times that neither parent or legal guardian can be contacted in person or by telephone. This authorization shall include all league activities, including periods required to travel to and from activities; and we do hereby waive, release, absolve, indemnify and agree to hold harmless Jackson Hole Youth Baseball League; the organizers, board members, supervisors, managers, coaches, chaperones, participants and persons transporting the player to and from these activities, for any claim arising out of an injury to the player.

Please list any medical information that the coach or non-family physician should know: \_\_\_\_\_

List any dates that player will be unavailable for baseball practices or games: \_\_\_\_\_

**PARENT / GUARDIAN SIGNATURE REQUIRED:** \_\_\_\_\_

RELATIONSHIP TO PLAYER \_\_\_\_\_

**Parents: I AM WILLING TO HELP THE LEAGUE THIS SEASON WITH:**

Concession stand \_\_\_\_\_ Coaching \_\_\_\_\_ Fund Raising \_\_\_\_\_ Umpiring \_\_\_\_\_ Misc \_\_\_\_\_

### DATES TO REMEMBER:

- Registration closes.....**April 15, 2011**
- Team Selection / Tryouts (mandatory)..... **April 21<sup>st</sup> – 4:00 PM**

**Location: Giant's Field or gym (tbd) if inclement weather. Practices to begin AFTER team selection, and games begin the week of May 9<sup>th</sup>.**

**Parent Meeting (Parent, coaches and the player must attendance) Wed, May 4<sup>th</sup> – Middle School Commons – 5:30 PM**

**The 2011 registration fee is \$60.00 per player AND a \$50 personal sponsor fee. In addition, a \$50 separate uniform deposit check is required and will be returned to player upon turning in his/her uniform. Make checks payable to JHYB.**

**If you have questions, call Cynthia Wiley @ 203-2484 hm or Michele Doyle @ 690-0198. If this is your first year with the league, please send a copy of a birth certificate in with this application. Duplicate forms are available on the website, at the schools, Parks and Rec Center, or simply copy this form.**

**THE PLAYER CODE OF CONDUCT MUST ALSO BE COMPLETED WITH THIS APPLICATION!!**

**MAIL COMPLETED APPLICATION and FEES TO:**

**JHYB / Cynthia Wiley, 7940 Cowboy Way, Jackson, WY 83001**

**Special Note:** *Registration Forms and Fees must be paid to Practice – Sponsor Fees must be paid by [May 9, 2011](#).*