



# 2016 Jackson Hole Youth Baseball CAL RIPKEN DIVISION APPLICATION 7 - 12-YEAR-OLD

\_\_\_\_\_ Player's LAST NAME

\_\_\_\_\_ Player's FIRST NAME

Birth date \_\_\_\_\_ (MUST BE AGE 7 BY 4/30/2016)

## Please Circle the Division Below:

May 1, 2003 - April 30, 2005 (Majors)    May 1, 2005 – April 30, 2007 (Minors)    May 1, 2007 – April 30, 2009 (Rookies)

\_\_\_\_\_ Parent or Guardian's name (Please Print)

Mom's Cell Phone: \_\_\_\_\_ Dad's Cell Phone: \_\_\_\_\_

Mom's Email: \_\_\_\_\_ Dad'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, officers, 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:

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

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

I AM WILLING TO HELP THE LEAGUE THIS SEASON WITH: Coaching \_\_\_\_\_ Umpiring \_\_\_\_\_ Team "Mom" \_\_\_\_\_

My player may have a conflict or be unavailable during the regular baseball season (Approximately May 1 through July 13) on the following times/dates:

\_\_\_\_\_

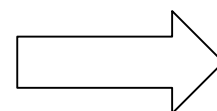
### DATES TO REMEMBER

- Registration closes April 16<sup>th</sup> - Fees are \$70
- Late registration - Fees increase to \$80 starting April 17<sup>th</sup>

If you have any questions, call **Bill Wiley @ 413-6745** or email @ [jacksonholeyouthbaseball@gmail.com](mailto:jacksonholeyouthbaseball@gmail.com)

**MAIL THE FOLLOWING ITEMS TO JHYB/Cynthia Wiley, 7940 Cowboy Way, Jackson, WY 83001**

- ❖ COMPLETED 2016 APPLICATION
- ❖ PLAYER CODE OF CONDUCT FORM



❖ **\$70 CHECK (Make check payable to: JHYB)**