

RED BANK YOUTH ASSOCIATION
BASEBALL SPORTS REGISTRATION

Check one: Spring Registration Fall Registration

Child's Name _____ Age: _____ Sex: Female Male

Birthdate: ___/___/___ Pants Size: _____ Shirt Size: _____

The child has played before with (League Name): _____

(Team Name): _____

Address: _____

City: _____ State: _____ Zip Code: _____

PARENT/GUARDIAN SECTION

Primary Contact Name: _____ Phone Number: _____

Email Address: _____ You May Text Me: Yes No

I would like to volunteer for the following: *(this is optional)*

Head Coach Assistant Coach Team Mom Concession Stand Where ever you need help

Secondary Contact Name: _____ Phone Number: _____

Email Address: _____ You May Text Me: Yes No

I would like to volunteer for the following: *(this is optional)*

Head Coach Assistant Coach Team Mom Concession Stand Where ever you need help

PAYMENT

I will pay using the following method: Check Money Order Venmo Cash App
(When paying with Venmo or CashApp, please call (423) 355-2889 within 3 business days to confirm receipt)

IN CASE OF EMERGENCY

(If we cannot reach the primary or secondary contact person we have your permission to contact the emergency contact listed below)

Contact Name: _____ Phone Number: _____

TO PAY BY CHECK OR MONEY ORDER – MAKE PAYABLE TO “RED BANK YOUTH ASSOCIATION” and mail to the address below:

Red Bank Youth Association
P. O. Box 17275
Red Bank, TN 37415

RESPONSIBILITIES OF THE PARENTS

Parents agree herein to abide by the rules and regulations of Red Bank Youth Association including but not limited to:

- No alcoholic beverages permitted on the premises nor will anyone be intoxicated.
- No tobacco products are permitted on the playing fields and stands.
- No abusive /offensive language or fighting
- My family/friends and I will conduct ourselves in a courteous manner at all times.
- I agree to accept all responsibility in case of injury to my child.

MEDICAL HISTORY, CONSENT & RELEASE FORM

I hereby give permission for _____ (Player's name) to participate in the Red Bank Youth Association sport listed herein, during the (check one) ___ Spring or ___ Fall season _____ (Year). Further, I authorize the coaching staff to provide emergency medical treatment of an injury to or illness of my child, if qualified medical personnel consider treatment necessary. I further authorize any qualified licensed physician to render medical treatment which is his/her judgement may be deemed necessary in the care of my son/daughter _____ (Player's name). This authorization is granted if I cannot be reached and reasonable effort has be made to contact me.

My child and I are aware that participating in any sport is a potentially hazardous activity. I understand and do hereby waive, release, absolve, indemnify and agree to hold harmless Red Bank Youth Association, its board, coaches, volunteers, or anyone associated with the sports program in the event of an injury or illness to my child that occurs during travel to, from or during the conduct of all practices, games and special events. I assume all risks, including but not limited to falls, contact with other participants being hit with a ball, the effects of the weather, and other reasonable conditions that could cause harm associated with any sport played at **White Oak Park**. All risks are known and understood by me.

Parent/Guardian Name: _____ Date: _____
(Print Name)

Parent/Guardian Name: _____ Date: _____
(Signature)

NOTE: This form can be submitted at any time. In person registration for spring is in January and fall in person registration is in July. You can follow us on Facebook for specific dates and times.

Mail this completed form (page 1 and 2) along with your check or money order to: **Red Bank Youth Association; P. O. Box 17275; Red Bank, TN 37415.**

Make check or Money Order payable to “Red Bank Youth Association”.