

REGISTRATION - WYBA FALL BASEBALL 2018



Please print this form & return it to the Westmont Park District with your payment.
Checks should be made payable to: **Westmont Park District**

PLEASE NOTE:

If the player did not play WYBA baseball in the 2018 season, you must enclose a copy of the player's birth certificate with this application.

PLAYER INFORMATION

FIRST NAME		LAST NAME	
ADDRESS		SCHOOL	
DID YOU PLAY IN WYBA SPRING 2018?	<input type="checkbox"/> YES <input type="checkbox"/> NO If NO Fill in Below: Did you play elsewhere? If so, where: _____	IF YES TO WYBA SPRING 2018?	<input type="checkbox"/> MAJORS <input type="checkbox"/> MINORS <input type="checkbox"/> INSTRUCT. WHICH TEAM? _____ If Majors, was this a CH or Westmont Team? <input type="checkbox"/> CH <input type="checkbox"/> Westmont
DATE OF BIRTH		AGE AS OF 8/31/2018	
CITY		ZIP	
Please select a Tryout date: <input type="checkbox"/> Tues. Aug 7th @ 6:00pm <input type="checkbox"/> Thurs. Aug 16th @ 6:00 pm Tryout Location: Veterans Memorial Park – 55 E. Richmond St, Westmont		Preferred Jersey Size (Circle One) YS YM YL YXL AS AM AL	

PARENT / GUARDIAN INFORMATION

FATHER		MOTHER	
Father Cell		Mother Cell	
Contact Email Addresses:			

WOULD YOU LIKE TO VOLUNTEER? WYBA is not a part of the Park District. We are made up of 100% VOLUNTEERS. We need **your** help to make the program work. Please check activities that best fit your interest:

<input type="checkbox"/> I am interested in Managing or Coaching a team	<input type="checkbox"/> I am interested in helping in other areas of the WYBA
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WYBA FALL BALL FEE STRUCTURE – 2018

<input type="checkbox"/> Played in WYBA Spring 2018 program – \$130 <input type="checkbox"/> Played in Clarendon Hills Spring 2018 program - \$150 <input type="checkbox"/> Did not play in either Spring 2018 program - \$170	Questions? Bill Belmonte - bill@bestwayrefinishing.com George Kelecich – gkelecich@gmail.com
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I, parent/guardian, consent to his/her participation in all the activities of the WYBA. I am fully aware that accidents frequently occur during many athletic and social activities involving children. In the case of illness or injury to my child resulting from play, transportation, or ancillary activity related to being part of WYBA, I hereby waive all claims against the Westmont Youth Baseball Association, sponsors, managers, umpires, coaches and other volunteers.

Signature Parent/ Guardian _____ Date: _____

Office use only: _____ Cash _____ Check _____ Charge