

Winston County Youth Association

2019 Baseball & Softball Registration

You may begin signing up now until the deadline at 12:00 PM, Saturday, February 9, 2019. **Fees for ages 5 & up are \$70.00 per child; Ages 3-4 fees are \$55.00 per child.** There will be no refunds. Check or money order only will be accepted by mail, which can be mailed to P.O. Box 1093. Registration will be accepted at the coliseum from 8:00 to 12:00 on February 9th. Cash, check, or money order will be accepted in person on February 9th. Late registration will be accepted up to Friday, February 22nd for **\$85.00 per child, no exceptions.** Ages 5 & up will be furnished a shirt, cap or visor, pants and a belt. Ages 3&4 will be furnished a shirt, shorts, and a cap or visor. Please submit the form below by Saturday, February 9th, and bring a photocopy of the child's birth certificate as proof of age. All players will be admitted into the draft, and will be chosen by the coaches. Age cut-offs are May 1st for boys and January 1st for girls to determine what league they will be in. **Only siblings will be guaranteed to be on the same team. Transportation reasons do not apply during the draft. Please do not turn this form into you're your school. Visit www.thewcya.org for more information.**

Player's Name: _____ Boy or Girl (Please Circle One)

Date of Birth: _____ Email Address: _____

Mailing Address: _____

Phone Number: _____ Phone Number: _____

Player's Shirt Size: Youth X-Small (2-4) Youth Small (6-8) Youth Medium (10-12) Youth Large (14-16)
Adult Small (34"- 36") Adult Medium (38"-40") Adult Large (42"-44") Adult X-Large (46"-48")

Player's Pants Size: Youth X-Small (2-4) Youth Small (6-8) Youth Medium (10-12) Youth Large (14-16)
Adult Small Adult Medium Adult Large Adult X-Large

Would you like to coach a team? If so, please give us your name. _____

Coach's Shirt Size _____

Would you like to sponsor a team? \$250.00 for a normal sponsor, \$300.00 for a corporate sponsor with logo. If so, please give us your sponsor name.

Player's doctor: _____ Any medical conditions or medicines _____

Parent/Guardian Release

As the parent or guardian of the above named player, I verify that such child is in good health and has my permission to participate in competitive sports with the Winston County Youth Association. I do further give my permission for such child to receive emergency and surgical treatment procedures of any kind and nature, which may be deemed advisable by any physician who may attend or treat such child at or during all sports related activities, including going or coming from practice, activities, or games. I hereby absolutely assume all indemnity and hold harmless the City of Louisville and the Winston County Youth Association, including the person transporting my child to and from activities, and from every claim, demand, action or right of action, of whatever kind or nature, either law or inequity arising from or by reason of any know or unknown, or death to my child or property damage whether the result of negligence or any other case.

I understand that the name entered below will be regarded as the Parent's/Guardian's official signature to this form. By signing my name below and submitting this form, I am verifying that I have read and agreed to the terms of the Parent/Guardian release above.

Sign Parent's Name _____ Print Parent's Name _____