



CORNELIUS-LAKE NORMAN Youth Athletic Association

2010 Registration Baseball & Softball

BASEBALL -

Age On 4/30/10 _____

- Shetland/T-Ball (4-6) Co-Ed - \$70
- Pinto/Machine Pitch (7-8) - \$90
- Mustang (9-10) - \$100
- Bronco (11-12) - \$105
- Pony (13-14) - \$105
- Colt (15-16) - \$110

SOFTBALL -

Age on 1/1/10 _____

- T-Ball (4-6) Girls - \$70
- 8 & Under Girl/Coach Pitch - \$95
- 10 & Under Fast Pitch - \$95
- 12 & Under Fast Pitch - \$95
- 14 & Under Fast Pitch - \$95
- 16 & Under Fast Pitch - \$95

Player Registration:

Name: _____ Date of Birth: _____

Address: _____ Telephone #: _____

Mailing Address (if different) _____

City: _____ Zip: _____ School: _____

Email: _____ Did you play in CLNYAA last season: Yes No

How many years have you played this sport: _____ Position(s) Played: _____

Any medical conditions (ex. Asthma) Yes No

Shirt Size: (Please circle one) YOUTH: S M L XL ADULT: S M L XL

Parent Guardian Information:

Mother/Guardian Name (print): _____ Home Phone: _____

Work Phone: _____ Mobile Phone: _____ Pager: _____

Father/Guardian Name (print): _____ Home Phone: _____

Work Phone: _____ Mobile Phone: _____ Pager: _____

Parent/Guardian Information:

I/We the Parents/Guardians of the above named player hereby give my/our approval for his/her participation in any and all team activities during the current season.

I/We assume all risks and hazards incidental to the conduct of the activities, and transportation to and from all activities. I/We do further hereby release and resolve to hold harmless the Cornelius Lake Norman Youth Athletic Association and its associated organizations, the organizers, and supervisors, from any and all injury, loss, or damage to the above named player except to the extent and amount covered by accident and/or liability insurance provided by CLNYAA. I/We also understand that CLNYAA insurance is supplemental to the player's family insurance.

In case of injury to the above named player, I/We hereby waive all claims against the organizers, or supervisors appointed by them. I/We likewise release from responsibility any person transporting the above names player to and/or from CLNYAA activities.

Competing Programs: I/We agree that participation on a youth baseball/softball team sponsored by the Cornelius Lake Norman Youth Athletic Association will take precedence over any other commitment with any other team or league.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

- I would be able to Head Coach a Team
- I would be able to Assistant Coach a Team
- I would be able to be Team Mom
- I would be able to Sponsor a Team for \$250 (Registration for One Child is Waived)

Received Date: _____ Cash Check # _____

Please Make Checks Payable to CLNYAA • Mail Payment & Forms to PO Box 771, Cornelius, NC 28031

Medical Release Form

To Whom It May Concern:

This is to certify that I, parent/guardian of _____ a player on a CLNYAA team, hereby grant permission to the Adult Manager, Coach, or Business Manager of the team to obtain medical care from any licensed physician, hospital or medical clinic, for the player named herein at such time as either parent or legal guardian cannot be contacted in person or by telephone. This authorization shall include all league activities, including the period required to travel to and from those activities; and we do hereby waive, release, absolve, indemnify, and agree to hold harmless the local CLNYAA Girls Softball, CLNYAA Baseball, North Meck Filly League, North Meck Pony League, PONY Baseball, Inc. organization, PONY Baseball Inc; the organizers, supervisors, participants, and person transporting the player to and from those activities, for any claim arising out of an injury to the player.

My child is allergic to the following medications:

My child is presently taking the following medications:

Our Family Doctor is: _____

Name: _____

Phone: _____

Hospital Preference: _____

Insurance Company and Group Number: _____

Parent/Guardian Signature: _____

Print Name _____

Date _____

Relationship: _____

Parents' Pledge

I hereby pledge to provide positive support and encouragement for my child participating in youth sports by following this Parent's Pledge. I further agree to and understand my duties as a parent.

1. I will encourage good sportsmanship by demonstrating positive support for all players, parents, coaches, spectators, and officials at every game and practice.
2. I will place the physical, mental and emotional well being of my child ahead of any personal motivation.
3. I will encourage and support all coaches, officials, and administrators in working with my child.
4. I will ensure that my child participates with the intentions of having fun, learning, and interacting positively with teammates, coaches, and officials.
5. I will support officials and league administrators in order to encourage a positive and enjoyable experience for my child as well as others.
6. I will encourage a sports environment for my child that is free of drugs, tobacco, and alcohol, and will refrain from their use at Cornelius Lake Norman Youth Athletic Association activities.
7. I will remember that the game is for the children, not for the adults.
8. I will do my very best to make youth sports fun for my child as well as others.
9. I will ask my child to treat other players, coaches, fans, and officials with respect, regardless of any other factors.
10. I will take every opportunity to teach, train, and develop my child as it relates to baseball, softball, sportsmanship, and teamwork.
11. I will never take the fun out of the game by over emphasizing winning.
12. I will always use positive reinforcement to motivate my child to participate in a fun filled environment and will never attempt to do so by use of intimidation.
13. I will do my best to have my child available at the times designated by the coaches.
14. I will not let my child neglect school studies to participate in Cornelius Lake Norman Youth Athletic Association activities.

Parent/Guardian Signature Date

Parent/Guardian Signature Date