# Tamiami Youth Baseball & softball Assoc, Inc

# PLAYERS REGISTRATION FORM

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| (Please Print)Team Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age Division:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| General INFORMATION |
| Player’s Last Name: | First Name:  | D. O. B: |
| Full Address:  | City: | State: | Zip Code: |
| Emergency Tel #:  | Team or Division Played Last Year: | Main Position: |
| Father’s Name: | Cell Phone: ( ) | Email Address:  |
|  |  |  |
| Mother’s Name: | Cell Phone: ( ) | Email Address: |
| Will Parent Manage?❑ Yes ❑ No | Will Parent Coach?❑ Yes ❑ No | Will Parent Sponsor?❑ Yes ❑ No  |
| Exempt from Public Record Law?❑ Yes ❑ No | Applicable Public Record Law Exemption N# |   |
| For OFFICE Use Only |
| Amount Paid: $ | Registration Fee: $ | Date Paid:  |  |
| Payment Method | ❑ Cash | ❑ Check  | ❑ OTHER |
| Division:  | Team Name: | Coach:  |
| Brother/Sisters:  | Board Member: | Approved:  |
| DISCLAMER’s |
| **AS A CONDITION TO ENTERING THE PROPERTY, PLAYING, ATTENDING AND/OR OTHERWISE PARTICIPATING IN ANY MANNER IN THE BASEBALL SPORTS AND****RELATED EVENTS AND ACTIVITIES PROVIDED/OFFERED BY TAMIAMI YOUTH BASEBALL ASSOCIATION A FLORIDA NON PROFIT CORPORATION, ON THE PROPERTY** **AND SPORTS FIELDS OF TAMIAMI PARK, EACH AND EVERY PARTICIPANT IS REQUIRED TO READ AND SIGN THIS DOCUMENT. YOUR SIGNATURE SERVES AS PROOF****THAT YOU HAVE READ AND ACCEPTED THE TERMS AND CONDITIONS OUTLINED HEREIN. YOUR REFUSUAL TO SIGN THIS DOCUMENT PREVENTS YOU/PLAYER FROM ENTERING** **THE PROPERTY, PLAYING, ATTENDING AND/OR OTHERWISE PARTICIPATING IN ANY MANNER IN THE BASEBALL SPORTS AND RELATED EVENTS AND ACTIVITIES** **PROVIDED/OFFERED BY TAMIAMI YOUTH BASEBALL ASSOCIATION ON THE PROPERTY AND SPORTS FIELD OF TAMIAMI PARK.** **IF YOU HAVE ANY QUESTIONS, YOU MAY WISH TO OBTAIN PROFESSIONAL ADVICE REGARDING THIS DOCUMENT.****I UNDERSTAND THE FOLLOWING APPLIES ONCE MY CHILD IS PLACED ON A TEAM:****1. THERE WILL BE NO REFUND OF THE REGISTRATION.****2. IF A PARENT/GUARDIAN/FAMILY MEMBER IS SUSPENDED FROM A GAME(S) AND/OR THE LEAGUE- CHILD MAY BE SUBJECT TO SUSPENSION FROM** **FURTHER GAMES AND/OR LEAGUE (SIBLINGS MAY ALSO BE SUBJECT TO SUSPENSION).****3. PLEASE BE ADIVSED THAT NAMES AND ADDRESSES OF ALL PLAYERS IN TYMA WILL BE SUBMITTED TO MIAMI-DADE COUNTY PARKS & RECREATION** **DEPARTMENT. THEREBY, BECOMING PUBLIC RECORD. THIS INFORMATION MAY BE DISCLOSED TO ANY PARTY THAT REQUESTS IT FROM THE COUNTY.** **HOWEVER, THERE ARE EXEMPSTIONS TO THE PUBLIC RECORDS LAW THA ALLOW YOUR HOME ADDRESS TO NOT BE INLCUDED IN ANY REQUEST. PLEASE** **READ THE LIST OF EXEMPTIONS FOR ELIGIBILITY AND MARK THE APPROPRIATE BOX IN FROM OF THIS CARD.** **4. PARENT/GUARDIAN HAS READ THE EXEMPTION FROM PUBLIC RECORDS LAW AND HAS ASNWERED ACCORDINGLY.** **5. MY CHILD, FAMILY & INVCITED WILL BE SUBJECT TO ALL RULES AND REGULATIONS OF TYBA****6. CONCUSSION INFORMATION & POLICY RECEVIED AND CONSENTED TO****A COPY OF PLAYER’S BIRTH CERTIFCATE IS REQUIRED WITH REGISTRATION** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Parent/Guardian Signature Date** |
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