



Gurnee Youth Baseball

2012 Season Registration

www.gurneeyouthbaseball.org

REGISTRATION INFORMATION

Player: _____ Age _____ Date of Birth _____

Address: _____ City _____ State _____ Zip _____

M/F _____ School _____ Current Grade _____

Player- Special Medical Needs: Allergy (drug & Food Etc) _____

Shetland/Pinto Only: Teamate request _____ Subdivision _____

Parents/Guardian Information:

Name _____

Daytime Phone# _____

Cell Phone# _____

Preferred Email _____

Mother

Father

Other

~~~~~  
Name \_\_\_\_\_

Daytime Phone# \_\_\_\_\_

Cell Phone# \_\_\_\_\_

Preferred Email \_\_\_\_\_

Mother

Father

Other

If an address is different address from child:

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## 2012 PARTICIPATION FEES

**MC/Visa will be ACCEPTED ( there will be a 5% fee added)**

League in 2012 ( Age on July 31, 2012)

Shetland (6/7).....\$115.00

Pinto (8)..... \$125.00

Mustang (9/10), Bronco (11/12)..... \$150.00

Pony (13/14).....\$165.00

Out of District\*\* .....\$ 25.00

Late Registration Fee\*\*(after 12/31/11).....\$ 25.00

League Fee \$ \_\_\_\_\_

Capital Improvement Fee \$ 10.00 \_\_\_\_\_

\*\* Addition Fees \$ \_\_\_\_\_

**Total Registration Fee** \$ \_\_\_\_\_

Credit Card# \_\_\_\_\_

Exp Date \_\_\_\_\_ CSC \_\_\_\_\_ 3% Fee \_\_\_\_\_

Name on Credit Card \_\_\_\_\_

**League** \_\_\_\_\_ **Player#** \_\_\_\_\_ **Date** \_\_\_\_\_ **Address Verify: Y N** **CC: Y N** **Initials** \_\_\_\_\_

**Reg fees Paid Y N check#** \_\_\_\_\_ **\$** \_\_\_\_\_ **Volunteer Fee Y N check#** \_\_\_\_\_ **\$** \_\_\_\_\_

Player Name \_\_\_\_\_

League \_\_\_\_\_

**Uniforms** Parents: We are relying on you to measure your child's chest & waist and select uniforms sizes for them. It is important to do this accurately, so they get uniforms that fit them properly. GYB is NOT responsible for size errors! Use the chart listed below to help you select the correct size anticipated for May of 2012. ( Shirt- measure chest in inches; Pant – measure waist in inches). Parents will be responsible for the cost or replacing uniforms that were not ordered accurately. If you sign up late ( after the draft), GYB will do its best to A).Obtain an uniform for the player; and B). Ensure that it fits.

| <u>Youth Shirt</u> | <u>Adult Shirt</u> | <u>Youth Pants</u> | <u>Adult Pants</u> |          |
|--------------------|--------------------|--------------------|--------------------|----------|
| YS= (24-26)        | AS= (34-36)        | YS= (22-24)        | AS= (26-28)        |          |
| YM= (28-30)        | AM= (38-40)        | YM= (26-28)        | AM= (30-32)        |          |
| YL= (32-34)        | AL= (42-44)        | YL= (30-32)        | AL= (34-36)        | _____    |
| YXL=(36-38)        | AXL= (46-48)       | YXL=(34-36)        | AXL= (40-42)       | initials |
|                    | A XXL= (48-50)     |                    | A XXL= (42)        |          |

Selected Shirt Size \_\_\_\_\_

Selected Pant Size \_\_\_\_\_

**\*\*You must have a VALID, legible email address listed on the registrations form in order to volunteer. Not having one may result in you not receiving volunteer opportunities, and your check will be cashed.**

\_\_\_\_\_ initials

**\*\*All Correspondence from GYB to parents will be by EMAILS or WEBSITE. It will be your responsibility to add GYB to your address book so they do not go in the spam folders. Please update any email address changes to [gyb\\_registrar09@sbcglobal.net](mailto:gyb_registrar09@sbcglobal.net)**

\_\_\_\_\_ initials

Player Name \_\_\_\_\_

League \_\_\_\_\_

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# Parents Ethics & Authorization Form – 2012

## Parental Code of Ethics

I hereby pledge to provide positive support, care, and encouragement for my child participating in youth sports by following this Parental Code of Ethics:

I will encourage good sportsmanship by demonstrating positive support for all players, coaches, and officials at every game, practice.

I will place the emotional and physical well being of my child ahead of my personal desire to win.

I will insist that my child play in a safe and healthy environment.

I will require that my child's coach be trained in the responsibilities of being a youth sports coach

I will require that my child's coach uphold the GYB Coaches Code of Ethics.

I will support coaches, league officials and umpires working with my child, in order to encourage a positive and enjoyable experience for all.

I will demand an environment for my child that is free from drugs, tobacco and alcohol. I will refrain from their use at all GYB events.

I will remember that the **game** is for **youth - not adults**.

I will do my very best to make youth sports fun for my child.

I will ask my child to treat other players, coaches, umpires, league officials and fans with respect regardless of race, sex, creed or ability.

I will help my child enjoy the youth sports experience by doing whatever I can to model behavior appropriate & acceptable for a youth sports environment.

## Parental Authorization/Medical Release for participation in Gurnee Youth Baseball

I (we), the parent(s) or guardian(s) of \_\_\_\_\_, hereby give approval for participation in any and all Gurnee Youth Baseball league activities. I hereby grant permission to managing personnel or other league representatives to authorize and obtain emergency medical care from any licensed physician, hospital or medical clinic should the player become ill or injured while participating in league activities when neither parent nor legal guardian is available to grant authorization for emergency treatment. I assume all risks and hazards incidental to such participation, including transportation to and from the activities; and do hereby waive, release, absolve, indemnify and agree to hold harmless Gurnee Youth Baseball, the organizers, sponsors, supervisors, board members, participants and persons transporting the player to and from activities, for any claim arising out of any injury to the player.

I agree to furnish a photocopy of the birth certificate and proof of school district residency (school schedule, school ID, bus pass, etc. serve as proof of school district residency) for the player listed above. I further agree to return such equipment and/or uniforms as required by Gurnee Youth Baseball in good condition, except for normal wear and tear in league activities, or be subject to a \$100.00 replacement fee. *Full registration fees are due even if registration occurs after the season has begun. A late fee of \$25.00 will be charged for all registrations (excluding new player and Colt league registrations) received past November 20, 2011. In the event that your child chooses not to play or is physically unable to so, you may be entitled to a refund of all or a portion of your registration fees. Please refer to the Gurnee Youth Baseball Refund Policy to determine your eligibility for a refund. After May 1, 2012, no refunds will be processed.*

I understand that any unpaid fees or failure to provide required documentation including birth certificates will prevent my child from participation in league activities including but not limited to practices and games.

I understand that registration is based on a first come first serve policy.

I/We have read and understand both the Parental Code of Ethics and Medical Release/Authorization requirements for Gurnee Youth Baseball, and agree to abide by such.

**Games may be held any day of the week including Sunday.**

If applicable, both parents / guardian signatures are required

Signed: \_\_\_\_\_ (Parent or Guardian for above listed player)

Signed: \_\_\_\_\_ (Parent or Guardian for above listed player)

Date: \_\_\_\_\_



## 2012 Gurnee Youth Baseball Volunteer Program

**VOLUNTEER POLICY:** Gurnee Youth Baseball (GYB) is a volunteer organization that requires a great deal of support and cooperation by all participants to run smoothly. Please read the following descriptions carefully to help you select the best option for your family. For more detailed information, please read the GYB Volunteer Policy.

### Option I: Volunteering Time and Talents

A volunteer over the age of 16 is required to donate 4 hours work per child registered. At the time of registration, participants will complete the attached Volunteer Program Form indicating their choices for work duties. A deposit is required in the amount of \$100.00 per child (with a family max of \$200.00). The deposit is made in the form of a separate check (per child), payable to GYB, dated June 15, 2012. To our best ability, the volunteer checks will be returned immediately after completing the volunteer commitment. However, failure to fulfill your volunteer commitment will result in your \$100.00 check being donated to GYB. (If you do not show up at your scheduled function, your check will be cashed. Your volunteer activity is for adults only – **no children will be allowed to accompany you to ANY function.** If you bring your child to your volunteer activity, you will be asked to leave and your \$100.00 check will be cashed.) Please see GYB Volunteer Policy for expectations.

This year you may sign up for concessions through the volunteer coordinator via email prior to the season starting should you desire to. These dates may or may not be on the day your child is playing.

If you do not fulfill your volunteer duties you will not be able to participate in priority registration the following year.

If you have requested a position (i.e. coaching) and we do not have any more openings – we will attempt to contact you. If we are unsuccessful in obtaining a response, your volunteer fee will automatically be donated to the league.

Volunteer job descriptions will be available prior to the season, on-line, and with each coach. All volunteer duties MUST go through the Volunteer Coordinator via volunteer form or contact, to ensure that your time is approved as a valid volunteer commitment. Coaches do NOT have the authority to decide on or to grant that volunteer duties have been completed.

**Ultimately it is your responsibility to sign-up and volunteer, not GYB's.**

### Option II: Volunteer Exemption/Buy-Out

An alternative to the 4-hour work commitment is available this year via a \$75.00 volunteer exemption/buy-out fee (with a \$150 family maximum). **This is a one-time offer available ONLY at the time of registration.** You do NOT have the option to take advantage of the buy-out at a later date. **This buy-out option is NON-REFUNDABLE once the season begins – no exceptions. If you decide you would like to volunteer in another capacity, while appreciated, this buy-out cannot be refunded.** \_\_\_\_\_ Initials

**REMINDER:** Background checks will be performed on all volunteers interested in becoming a board member, coach, or team parent. Individuals must complete a background check application form to be considered for these positions. These positions require a satisfactory background check and board approval. **NO** volunteers will be allowed to work with our children until these requirements have been met!

### Player Picture Waiver Form for GYB Website and Program

I hereby give permission for my son / daughter \_\_\_\_\_ to have their picture taken and placed on Gurnee Youth Baseball's website: <http://www.gurneeyouthbaseball.org> and in GYB's Program.

This website is accessible to all GYB participants as well as members of the general public. All player pictures accessible to the general public will have a lock to prevent them from being downloaded.

Player's Name: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_



**2012 Gurnee Youth Baseball Volunteer Program**

Player's Name: \_\_\_\_\_ League: \_\_\_\_\_

Volunteer's Name: \_\_\_\_\_

Relationship to player (circle):      **Mother**      **Father**      **Other:** \_\_\_\_\_

Home Phone No: \_\_\_\_\_ Work Phone No: \_\_\_\_\_ Cell Phone No: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

I am electing to volunteer my time & talents (complete form below) \_\_\_\_\_ OR Pay \$75 for a volunteer exemption/buy-out at this time \_\_\_\_\_

**Please choose four options. Indicate your priority by placing a "1" in the box for your 1<sup>st</sup> choice, "2" for your 2<sup>nd</sup> choice, "3" for your 3<sup>rd</sup> choice, and "4" for your 4<sup>th</sup> choice. We will do our best to accommodate your 1<sup>st</sup> or 2<sup>nd</sup> choice, but it is not guaranteed! We have limited space to many of our duties, so if you are not personally called for a duty it is also your sole responsibility to then sign up and volunteer for something else. We will not be held responsible for any cancellations of our programs. Check the web site for volunteer job duties and contact person.**

\_\_\_\_ **Board Member\*/\*\* (Elections in August and throughout the year as vacancies occur.) ♦**

\_\_\_\_ **Head Coach\*/\*\* - Prefer to coach with \_\_\_\_\_ (Not guaranteed-Personal Notification) ♦**

**I understand that one coach on the team MUST be CPR certified. I must prove that a coach is certified prior to first game. \_\_\_\_\_ Initials**

\_\_\_\_ **Asst Coach\*/\*\* - Prefer to coach with \_\_\_\_\_ (Not guaranteed- Personal Notification) ♦**

\_\_\_\_ **Team Parent\*/\*\* (One per team; Not guaranteed-Personal Notification from Coach. Must attend a mandatory meeting prior to season)**

\_\_\_\_ **Concession Stand (Sign up via Volunteer Coordinator e-mail via GYB website - NO calls made)**

\_\_\_\_ **Field Work Days ( Duties to be announced – Personal notification)**

\_\_\_\_ **Selling Apparel\*\* (Dates to be determined throughout the year-Personal notification)**

\_\_\_\_ **Special Events \*\* (Personal notification)**

\_\_\_\_ **Equipment Handling\*\* (Before the start of season & after the season- Personal notification)**

\_\_\_\_ **Secure a Sponsor donation of \$100 or more by March 1, 2012 Sponsor Name \_\_\_\_\_ (must be approved by fundraiser committee)**

\_\_\_\_ **Field Day Competition Volunteer for Shetland League\*\* (Personal notification)**

**\* Indicates a background check is required for this position.**

**\*\* Indicates a limited number of volunteers are needed.**

**♦ Indicates that you may need to be CPR trained. GYB Policy requires at least one coach, preferably the Head Coach, from each team is required to have CPR training and certification.**

I, \_\_\_\_\_ and / or \_\_\_\_\_, as parent/guardian of \_\_\_\_\_ have fully read and understand all of the information provided in regard to the Volunteer Program. I understand that if I fail to show or provide an adult replacement for my assigned task, I will forfeit my volunteer fee and my check will be cashed. I further understand that all schedules and information regarding the volunteer program will be available at [www.gurneeyouthbaseball.org](http://www.gurneeyouthbaseball.org). Lastly, I understand that it is my sole responsibility to sign up and volunteer.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

|        |       |   |   |            |      |
|--------|-------|---|---|------------|------|
| Check# | Amt\$ | Y | N | Completed? | Date |
|--------|-------|---|---|------------|------|



