



REGISTRATION DUE: FRIDAY, MARCH 3, 2017

Practices will start in **March**, with games beginning in **late April**. Anticipated game and practice times are shown but are subject to change. Late registrations subject to approval and available space.

T-Ball : Saturday 9-10 (AM)

Rookie : Wednesdays (PM)
Saturdays (around noon)

Minor : Tuesdays (PM)
Fridays (PM)

Name: _____ Age on April 30th: ____ Grade: ____

FEES: (circle) *T-Ball:* (Pre-K & K) \$40.00 *Rookie:* (Grades 1 & 2) \$65.00

Minor: (Grades 3 & 4) \$65.00

SHIRT SIZE: (circle) YS YM YL AS AM AL

PAYMENT: (circle) Check Cash AMOUNT: \$ _____

Make Checks Payable to **Town of Conway**.

If you already have a shirt and cap you can use, deduct \$10.

If you need a scholarship, write "scholarship" in the amount section.

Submit in clearly marked envelope via school or mail/deliver to: Conway Youth Sports
Town of Conway
P.O. Box 240
Conway, MA 01341

A printed and signed Consent and Release Form (see back) is required for participation in practices or games.

Volunteers:

If you can coach, assist, or help out in some other capacity (work bees, etc) please let John Heffernan know: johnheffernan@verizon.net

**Conway Youth Sports
Consent and Release Form
2017 Baseball**

I _____ (*print full name*), the undersigned parent or guardian of _____ (*print full name*), a minor, grant **PERMISSION** for my child/ward to participate in the 2017 Conway Youth Sports recreational baseball program. I am familiar with and recognize the risks inherent in baseball, which can include, but are not limited to physical contact between the players and being struck in the head by the ball or bat. Knowing these risks, I assume all the risks of injury and loss arising or resulting from my child's/ward's participation.

I hereby give my **CONSENT** for Conway Youth Sports, its agents, organizers, or volunteers (hereafter "Conway Youth Sports") to carry out standard first aid and CPR, including treatment for severe allergic reactions, and to arrange for emergency care for my minor child/ward of whatever form Conway Youth Sports deems necessary. I further authorize Conway Youth Sports to give, disclose, and release to the emergency care provider all individually identifiable health information I have provided to Conway Youth Sports, and I authorize emergency personnel to provide emergency medical treatment for my child/ward.

I agree to forever **RELEASE** acquit, discharge, and hold harmless Conway Youth Sports, its agents, organizers, or volunteers from any and all legal claims of any nature or kind whatsoever, directly or indirectly, arising from personal injury to my child/ward or property damage resulting from my child's voluntary participation in this Conway Youth Sports program and agree that I have been given the right to have the form reviewed by an attorney of my choosing.

I have read and understand the contents of this form.

Signed: _____ Date: _____
(Parent or Legal Guardian)

List known relevant health issues/medications (e.g., asthma, allergies):

Parents/Guardians are responsible for having medication (epi-pens, inhalers, etc.), and an adult who can administer the medication, present at all CYS events.

Emergency Contact Info:

Parent/Guardian 1

Parent/Guardian 2

Name: _____

Name: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

Address: _____

Address: _____