

Western Youth Recreation Association, Inc (WYRA)

**2012 Co-Ed WYRA T-Ball Registration Form**

Registration Fee is \$15.00 per player. Players must be ages 3-5

Registration forms are due by Friday May 11, 2012.

Make checks payable to WYRA.

League play: Sundays in June.

Teams will be divided randomly by WYRA upon completion of registration.

Player Name	Boy or Girl	Grade Entering	Date of Birth	Shirt Size	Phone Number

Please read and understand each of the following selections before signing below.

**Concessions**

**Initial**

I understand that part of my responsibility as a parent or guardian of a child in this program, I will be required to work in or provide a capable volunteer over the age of 16 in the concession stand at least one time per child I register.

\_\_\_\_\_

**Code of Ethics**

I hereby agree to provide positive support, care and encouragement for my child participation in all youth sports by following this Code of Ethics for Parent and Guardians.

\_\_\_\_\_

- ~ I will encourage good sportsmanship by demonstration positive support for all players, coaches at every game. This includes not using inappropriate language or hand gestures towards any participant of member of WYRA T-Ball.
- ~ I will support coaches and volunteers working with my child, in order to encourage a positive and enjoyable experience for all.
- ~ I will remember that the t-ball game is for the youth not for adults.
- ~ I will do my very best to make t-ball fun for my child
- ~ I will demand a drug, alcohol and tobacco free sports environment for my child and agree to assist by refraining from their use at all sports events.
- ~ I will ask my child to treat other players, coaches and fans with respect regardless of race, sex, creed or ability.
- ~ I will promise to help my child enjoy the t-ball experience within my personal constraints by assisting with coaching, being a respectful fan, providing transportation, or whatever I am capable of doing.

I understand that should I not follow this Code of Ethics for Parents and Guardians, I will be asked to leave the premises of the event. Continual misconduct in regards to this Code of Ethics will result in being barred from all future events or activities of the WYRA.

\_\_\_\_\_

**Waiver and Release of Liability Form**

In consideration of allowing my minor child to participate in the T-Ball League, related events and activities, I acknowledge, appreciate and agree that:

- ~ The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment and personal discipline may reduce this risk, the risk of serious injury does exist.
- ~ I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releases or others, and assume full responsibility for my child's participation
- ~ I willingly agree to comply with the stated and customary terms and conditions for participation, If however, I observe any unusual significant hazard during my presence or participation, I will remove my child from participation and bring such conditions to the attention of the nearest official immediately
- ~ I for myself and on behalf of my heirs, assigns, personal representatives and next of kin, Hereby release and hold harmless, WYRA, its officers, officials, agents, volunteers or other participants, sponsoring agency, sponsors, advertisers, and if applicable owners and lessors of premises used to conduct the event, with respect to any and all injury disability, death or loss of damage to person or property, whether arising from negligence of the releases or otherwise.

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releases, and for myself, my heirs, assign, and next of kin, I release and agree to identify and hold harmless, the Releases from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, even if arising from their negligence.

\_\_\_\_\_ I want to coach!  
 Date Printed Name of Parent/Guardian Signature of Parent/Guardian \_\_\_\_\_ I want to assist coach!

**Additional Contact Information is Required!**

\_\_\_\_\_ Mailing Address

\_\_\_\_\_ Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_ Texting Okay

**Please return this form with the registration fee to one of the locations listed below**

*First National Bank of Barry*

*Farmers Bank of Liberty in Barry*

**Additional Contact Information: Mandy Mellon (217) 257-5080 Email: [mlmellon@yahoo.com](mailto:mlmellon@yahoo.com)**

*For Office Use Only: Paid Amount: \$ \_\_\_\_\_ Cash or Check # \_\_\_\_\_*