

Western Youth Recreation Association, Inc. (WYRA)
2011 Co-Ed WYRA T-Ball Registration Form

The Registration Fee is \$15 for each player.

Players must be ages 3 to 5.

Registration Forms are due by April 30, 2011. Make checks payable to the BYRA. League play will begin in June.

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

	Player Name	Boy/Girl	Grade Entering	Date of Birth	Shirt Size Adult/Youth Sm/Med/Lg/XL	Phone Number
1						
2						
3						
4						

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

CONCESSION

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 worker to work 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 participating in youth sports by following this Code of Ethics for Parents/Guardians.

- I will encourage good sportsmanship by demonstrating positive support for all players, coaches, and officials at every game, practice, or other youth sport event. This includes not using inappropriate language or hand gestures towards any participant.
- I will place the emotional and physical well-being of my child ahead of a personal desire to win.
- I will support coaches and officials working with my child, in order to encourage a positive and enjoyable experience for all.
- I will remember that the game is for the youth, not for adults.
- I will do my very best to make youth sports 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, fans, and officials with respect regardless of race, sex, creed, or ability.
- I will promise to help my child enjoy the youth sports 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/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 future events or activities of the BYRA.

WAIVER AND RELEASE OF LIABILITY FORM

In consideration of allowing my minor child to participate in any of the BYRA athletic programs, 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; and,
- I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child's participation; and,
- 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, and,
- I for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS, Barry Youth Recreation Association, Inc., its officers, officials, agents, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and leasers of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss of damage to person or property, WHETHER ARISING FROM NEGLIGENCE OF THE RELEASEES OR OTHERWISE.
- **BYRA** members, coaches, and coordinators are not required to transport participants to and from BYRA sponsored activities. In the event the need arises to provide player transportation, I, by signing this form, am granting permission and releasing the driver from liability. I am responsible for consulting a physician concerning the fitness of the participant/player and his/her ability to participate in any activity sponsored by BYRA.

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 Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to identify and hold harmless, the Releasees 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
If multiple players please specify which one

Additional Contact Information

Mailing Address: _____

E-Mail Address: _____ **Phone Numbers (Home/Cell):** _____

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

First National Bank of Barry or Fax to Rick Shover at 217-335-2508

Additional Contact information

Mandy Mellon 217-257-5080 or email: mlmellon@adams.net

www.theybyra.org or e-mail: byra2005@yahoo.com

<i>Office Use Only</i>	
<input type="checkbox"/>	Cash
<input type="checkbox"/>	Check
	# _____
	Amount _____