



Louisville Youth Baseball Association

www.LYBA.net

TRYOUT NUMBER _____
(To Be Completed By LYBA)

Player Registration Form

Registration form must be filled out in its entirety!

Player Name: _____

Address: _____

City: _____ Zip Code: _____ Primary Phone: _____

E-Mail Address: _____

Date of Birth: ____/____/____ Age as of April 30, 2012: ____ Age group you are trying out for: ____

Parent(s) Name: _____ Phone: _____

Parent(s) Name: _____ Phone: _____

RETURNING PLAYERS

Previous season coach: _____

Do you wish to remain with this team/coach if selected? _____ (yes/no)

If selected for highest level team in your age/grade (Majors/"0"), would you accept? _____ (yes/no)

NEW PLAYERS

Please list all competitive baseball teams/organizations you have played for:

1. _____

2. _____

Acknowledgement of Risk: By registering for the Louisville Youth Baseball Association (LYBA), I acknowledge that the activities carried on in this athletic program carry certain risks for the participant. I have independently reviewed and evaluated the risks and determined to engage in the program with full knowledge and acceptance of such risks. I hereby release and forever discharge the Louisville Youth Baseball Association, its board of directors, officers, agents, coaches, players, and volunteers and the City of Louisville from any and all liability for damages, loss, or personal injury arising out of or related to _____ participation in the above program activity.

Name of Player

Parent Signature/Date _____ / _____

BRING COMPLETED FORMS TO TRYOUT
Check www.LYBA.net for tryout date and times