



DALTON YOUTH ATHLETIC ASSOCIATION

Mail all inquiries to: **D.Y.A.A. P.O. BOX 86 DALTON, OH 44618**

Please note: Sign-ups must be received by February 24th, 2007



BOYS BASEBALL (LL age classification)

- \$20 **T-Ball** (boys & girls age 5 and 6 as of April 30, 2007)
- \$25 **Farm League** (boys age 7 & 8 as of April 30, 2007)
- \$35 **Minor League** (boys age 9 & 10 as of April 30, 2007)
- \$40 **Major League** (boys age 11 & 12 as of April 30, 2007)
- \$45 **JR Hot Stove-** (JR High students in grades 7 & 8)

GIRLS SOFTBALL (A.S.A. age classification)

- \$25 **Girls 7 & 8** year old classification (born after December 31, 1997)
- \$35 **Girls 9 & 10** year old classification (born after December 31, 1995)
- \$40 **Girls 11 & 12** year old classification (born after December 31, 1993)
- \$45 **Girls 13 & 14** year old classification (born after December 31, 1991)

* **MULTI-FAMILY DISCOUNT- FIRST 2 OLDEST PLAYERS ARE FULL PRICE, ADDITIONAL SIBLINGS ARE 1/2 PRICE.** Cost per player: _____ Cash / Check# _____

| PLAYER INFORMATION | | | | | Player Uniform (circle <u>ONE</u> Shirt and Hat size) | | | | | |
|-------------------------|------------|---------------------------|----------|-------|---|-------------|----|----|-------------------|-----|
| Players: Last Name | First Name | MI | Birthday | | YS | Shirt size: | | | Youth Hat / Visor | |
| Address | | | City | State | | YL | | | | |
| Home Phone / Cell Phone | | Names of Sibling Players: | | | | AS | AM | AL | | AXL |

| PARENT / GUARDIAN INFORMATION | | I can do the following for this players team: | | | | | |
|-------------------------------|-------------------------|---|-----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Father / Guardian | Home Phone / Cell Phone | COACH: Head | / Assist (Shirt size _____) | Commissioner | Umpire | Concession Stand | Help where needed |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mother / Guardian | Home Phone / Cell Phone | COACH: Head | / Assist (Shirt size _____) | Commissioner | Umpire | Concession Stand | Help where needed |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| *EMERGENCY INFORMATION | | |
|---|-------|-------------------------|
| In case of an emergency, please call: <i>(at least one other than parent)</i> | Name: | Home Phone / Cell Phone |
| | Name: | Relationship to player |
| | Name: | Home Phone / Cell Phone |
| | Name: | Relationship to player |
| Family Doctor / Physician: | Name: | Phone / Cell Phone |
| Preferred Hospital: | Name: | Phone / Cell Phone |
| Family Dentist: | Name: | Phone / Cell Phone |
| Does player have any Allergies? (please list) | | |
| Does player take any Medication? (please list) | | |

In case of an emergency, I understand every effort will be made to contact me. In the event I can not be reached, I hereby give my permission to the physician selected by an adult leader in charge, to secure proper treatment including hospitalization, anesthesia, surgery, or injections of medication for my child.

Signature: _____

Date: _____

Please sign and return player waiver form that is attached to this sheet along with the registration form!

