



Rochester Hispanic Youth Baseball League, Inc.
 1816 N. Clinton Ave. Rochester, New York 14621*585.266.4772*www.rhybl.org



Liga Hispana Juvenil de Béisbol de Rochester, Inc.

Age Requirement: In order to play your child must be four (4) on or before May 1st, to Fifteen (15), if your son/daughter becomes sixteen (16) on or before July 31st he/she cannot play

PLEASE PRINT-POR FAVOR LETRA DE MOLDE

NAME _____ BIRTHDATE ____/____/____ AGE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ SCHOOL _____ GRADE _____

GENDER M/F _____ HEIGHT _____ WEIGHT _____ SHIRT SIZE _____ PANT SIZE _____

DATE OF LAST PHYSICAL _____ WHERE _____

DOCTOR'S NAME _____ PHONE _____

DOES YOUR CHILD HAVE A MEDICAL CONDITION: YES _____ NO _____ IF YES, BRIEFLY EXPLAIN BELOW: _____

MEDICAL INSURANCE AND NUMBER _____

IN CASE OF EMERGENCY CONTACT _____ PHONE _____

POSITION (S) WOULD LIKE TO PLAY _____

DID YOUR SON/DAUGHTER PLAY WITH RHYBL LAST YEAR YES / NO WHAT TEAM _____

PARENT/GUARDIAN NAME _____

DIVISION

Circle One

04-06

07-08

09-10

11-12

13-15

PARTICIPANT ETHNICITY: CHECK ONE PLEASE

____AFRICAN AMERICAN____AMERICAN INDIAN____ASIAN/PACIFIC____HISPANIC____WHITE/NON-HISPANIC

PARENTAL OR GUARDIAN CONSENT OF PLAYER PARTICIPATION WITHIN LEAGUE REGULATIONS

- 1) I/We hereby confirm that all above information is true and that the player's name above is my son/daughter or in my guardianship and that he/she will abide to all league rules as they apply on the field and at all league functions. False information provided could result in removing the player from the league.
- 2) In the event of injury I will apply whatever medical coverage I have available and the league will be fully cooperative where deemed necessary.
- 3) A \$45 (non-refundable) fee will be required upon signing a player contract and actual participation of player pre-season, season, post-season. NOTE: fee must be paid in full or proof of non-payment eligibility provided before commencement of season or child **will not** participate. Please make check or money order payable to "RHYBL".
- 4) Need original Birth Certificate, Medical Insurance Card. By initialing you and player agree to RHYBL's Ballpark Rules _____

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PLAYER CONTRACT / CONTRATO DEL JUGADOR

I AGREE TO ABIDE TO ALL RULES AND REGULATIONS IMPOSED BY THE LEAGUE AND ITS ORGANIZERS, COACHES AND UMPIRES. I AGREE TO ACTIVELY PARTICIPATE IN SCHEDULED PRACTICES, GAMES AND ANY FUND RAISING EVENTS BY THE LEAGUE OR MY INDIVIDUAL TEAM.

YO ESTOY DE ACUERDO EN ADIGIRIRME A TODOS LAS REGLAS Y REGULACIONES EJERCIDAS POR LA LIGA Y SUS ORGANIZADORES, DIRIGENTES Y ARBITROS, ADEMAS PARTICIPARE ACTIVAMENTE EN LAS PRACTICAS, LOS JUEGOS Y CUALQUIER FUNCION DE RECAUDAR FONDOS PARA LA LIGA O MI EQUIPO.

PARENTAL/GUARDIAN PERMISSION TO PARTICIPATE

I, the parent/guardian of the participant named herein, request he/she participate in all Rochester Hispanic Youth Baseball League activities. I assume all risks and hazards incidental to such participation including transportation to and from activities and do hereby waive, release, absolve, indemnify and agree to hold harmless the program, its organizers, sponsors, participants and persons directing and/or transporting my child in, to or from activities for any claim arising out of any injury to my child, except to the extend and in the amount covered by accident or liability insurance. I also agree to cooperate with league officials, coaches and teams when required.

PERMISO PARA QUE PARTICIPE EL JUGADOR(A) DEL PADRE O ENCARGADO

Yo, el padre, la madre o encargado (a) del mencionado (a) aquí requiero que mi hijo (a) o joven encargado a mi cuidado participe en la Liga Hispana de Béisbol Juvenil de Rochester. Yo asumiré todos los riesgos y situaciones incidentales para con esta participación incluyendo transportación desde y hasta actividades y por lo tanto renuncio, relevo, absuelvo, indemnizo y me pongo de acuerdo a no culpar el programa, sus organizadores, auspiciadores, participantes y personas dirigiendo y/o transportando mi hijo (a) o joven encargado (a) a mi cuidado en llevar a otro; de una reclamación resultando de un agravio a mi hijo (a) o joven encargado (a) a mí, excepto y al exento de lo cubierto por el seguro de responsabilidad. También estaré de acuerdo en cooperar con los oficiales, dirigentes y equipos de la liga cuando sea requerido.

Signature/Firmas:

Parent/Guardian/Padre/Encargado(a) _____

Player/Jugador _____

Date/Fecha _____

NOTA IMPORTANTE: No se aceptara una aplicación hasta que todos los requisitos de documentos, información y cuota sean entregados completos antes de alocar el nombre del o de la participante en las listas de los equipos.