



WPYAO, INC.

Baseball / Softball 2010

NAME _____ AGE _____ DOB _____

ADDRESS _____

PHONE NUMBER _____ ALT PHONE NUMBER _____

PARENTS _____

SIBLINGS _____

HEALTH INSURANCE CARRIER _____

DOES CHILD HAVE ANY SIGNIFICANT HEALTH OR MENTAL CONDITIONS _____

PRACTICE LOCATION PREFERENCE:

NANCES CREEK AREA _____ CHOCCOLOCCO AREA _____

JERSEY: YS ___ YM ___ YL ___ AS ___ AM ___ AL ___ AXL ___ AXXL ___

ELASTIC PANTS: YS ___ YM ___ YL ___ AS ___ AM ___ AL ___ AXL ___ AXXL ___

BELTED PANTS: YS ___ YM ___ YL ___ AS ___ AM ___ AL ___ AXL ___ AXXL ___

BELT: Youth ___ Adult _____

HAT: Youth ___ Adult _____

SOCKS: 6 - 8 1/2 ___ 8 1/2 - 11 ___ 9 - 15 _____

LEAGUE _____

FEES ARE NONREFUNDABLE AFTER UNIFORM IS ORDERED.

LIABILITY WAIVER AND RELEASE [PLEASE READ THOROUGHLY BEFORE SIGNING!!!]

By signing below, I acknowledge that neither White Plains Youth Athletic Organization [WPYAO], nor its officers, members or coaches, bears any personal liability for any injury and/or injuries my child may receive while participating in the WPYAO baseball and softball programs. I further acknowledge with my signature that I assume the risk that my child may be injured while participating in baseball/softball practice or games or other activities sponsored by the WPYAO, and herewith release and hold harmless WPYAO, its officers, individual members, coaches and associates from any and all liability, claims and/or damages incurred while the above-named child is participating in organized sporting events and practices held or sponsored by, or under the aegis of, the WPYAO. Finally, I agree to submit all bills or claims for treatment for any injury suffered by the above-named child on any health insurance policy to which he or she is a beneficiary, and that I alone, and not the WPYAO, its coaches, officers and members, shall be responsible for the payment of all such bills not covered by health insurance.

Date

Signature

Commissioner Notes: _____
