



Pewaukee Youth Baseball (PYB) 2010 Registration Form

(For all Boys and Girls enrolled in Grades 1 through 8 during the 2009/2010 School Year)

PARENT INFORMATION (Please Print)					
Father Information					
Last Name:		First Name:		Email:	
Home Phone:		Work Phone:		Cell Phone:	
Mother Information					
Last Name:		First Name:		Email:	
Home Phone:		Work Phone:		Cell Phone:	
PLAYER CONTACT INFORMATION					
Home Phone:					
Is player a Pewaukee resident (City or Village)? Yes No					
Address:				Apt:	
City:		State:	Zip Code:		
Player(s) lives with: Both Mother Father					
Information of mother or father if different than player's address above:					
Address:				Apt:	
City:		State:	Zip Code:		
VOLUNTEER INFORMATION (PYB is run by volunteers and your help is needed!)					
Head coaches, assistant coaches, umpires and team parents are needed for all levels of play. If you are interested in helping, please indicate below and list your experience and qualifications.					
	No	Yes	Father	Mother	Experience and qualifications
Head Coach:					
Assistant Coach:					
Team Parent:					
Umpire:					
Concessions:					
Board:					
PYB is gearing up to help build the baseball facilities at Pewaukee's newest park. At present, we are interested in creating a database of skill sets of those people willing to help provide "sweat equity" in this effort. In addition, we are also interested in identifying those firms that might be willing to donate materials or provide them at cost.					
Enter skill sets:					
Enter firm names:					
SPONSORSHIP INFORMATION					
Would you or your company be interested in sponsoring a team for PYB?				Yes	No
Enter sponsor information here:					



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PLAYER INFORMATION				
Last Name:	First Name:		Boy	Girl
Birthdate:	Grade (As of January 1, 2010):		1	2
			3	4
			5	6
			7	8
Has player previously participated in Pewaukee Youth Baseball?				Yes No
PLAYER MEDICAL INFORMATION				
Pre-existing medical condition(s) – e.g. allergies, chronic illness, asthma and any medications)				
Other (non-parent) person(s) to be contacted in case of emergency:				
Name:		Relationship:	Phone:	
UNIFORM INFORMATION				
Please circle player shirt size				
YS – Youth Small	AS – Adult Small	Preferred Uniform Number		
YM – Youth Medium	AM – Adult Medium	First Choice:		
YL – Youth Large	AL – Adult Large	Second Choice:		
YXL – Youth Extra Large	AXL – Adult Extra Large	Third Choice:		
REGISTRATION FEE INFORMATION (Circle all applicable – Please make checks payable to Pewaukee Youth Baseball)				
Division (Grades)	A (1-2)	AA (3-4)	AAA & Majors (5-8)	Jr. Pirates
First Child	\$130	\$140	\$150	\$350
Each Additional Child	\$120	\$130	\$140	\$350
Non-resident of Pewaukee	Add \$20	Add \$20	Add \$20	Add \$20
PHS Camps (Open to all players)	Included in JP fee	Pitch/Catch \$35	All-American \$35	Both \$60
<p>In-person registration will take place at the Moe's Southwest Grill, 1350 Capitol Dr, on January 27th from 5:30 PM to 7:30 PM and again on March 3rd from 5:30 PM to 7:30 PM. If you cannot attend in-person registration, you may also register on-line at www.pyb-wi.org. Otherwise, please send your completed registration forms along with payment (checks or credit card only) to: Pewaukee Youth Baseball, W221 N2722 Timberwood Ln, Waukesha, WI 53186. The deadline for registration is April 11, 2010. There will be a \$20 late fee unless other arrangements have been made with one of the individuals listed below prior to April 11th. Returned checks will be charged a \$20 handling fee.</p> <p>Contact Chris Wagner @ 695-8979, Gary Rogowski @ 691-9777 or Tom Houck @ 695-0751 for assistance.</p>				
LIABILITY / PHOTOGRAPHIC / MEDICAL TREATMENT RELEASE				
<p>By signing below, we hereby release, discharge, and/or otherwise indemnify Pewaukee Youth Baseball, their employees, suppliers, and associated personnel, including the owners of fields and facilities utilized for the programs, against any claim by or on behalf of the registrant, as a result of the registrant's participation in the program and/or being transported to or from the same, which transportation we hereby authorize. We hereby grant permission to Pewaukee Youth Baseball to use the registrant's photograph, photographic likeness, and/or reproduction thereof, in whatever capacity as they see fit, including but not limited to exhibitions, illustrations and advertisements. We authorize treatment by a qualified and licensed medical doctor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment or undue discomfort, if delayed. The authority is granted only after a reasonable effort has been made to reach us. Finally, we pledge to provide positive support, care and encouragement for our child while participating in Pewaukee Youth Baseball.</p>				
SIGNATURES				
Parent/Guardian Signatures:		Mother:	Father:	

(over)

www.pyb-wi.org

Credit Card Authorization Form

Name on Credit Card: _____
(Print name exactly as it appears on card)

Dollar Amount to be charged: \$ _____

MasterCard, Visa or Discover Card Number
(circle one)

Exp. Date:

CVV:

16 Digit Number

mm / yy

3 digit code

Signature:

Today's Date:

I authorize Pewaukee Youth Baseball to bill the above card for the agreed upon amount. This authorization is valid unless I provide Pewaukee Youth Baseball written notice of cancellation to PO Box 178, Pewaukee, WI 53072 within 7 days of this date.