



**BASEBALL  
SOFTBALL**

**SYB OPTIMIST OF LUSBY  
BASEBALL/SOFTBALL REGISTRATION  
(Please Print Clearly)**

Child's Full Name: \_\_\_\_\_  
Child's Birth Date: \_\_\_\_\_ Home Phone #: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Parent(s) Name: \_\_\_\_\_  
Parent(s) Work Phone Number(s): \_\_\_\_\_  
School Child Attends: \_\_\_\_\_  
email address: \_\_\_\_\_  
Emergency Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Child's Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_  
List any health issues and/or allergies: \_\_\_\_\_  
Child's Medical Insurance Company: \_\_\_\_\_  
Are you interested in volunteering for SYB Optimist of Lusby? Yes No

In consideration of the agreement by SYB Optimist of Lusby to allow our child to participate in SYB sport activities, I hereby agree:

- To permit our above named child to participate in any and all said activities.
- To assume all risks and hazards incidental to, or arising out of, such participation, including but not limited to the foregoing, all risks and hazards during practice and play as well as travel enroute, to or from any activity sponsored by SYB.
- To release, absolve, indemnify and hold harmless SYB or any claims arising out of any injury to our child or any injury to any other person arising out of, or incidental to the activities or travel.
- To return upon request, any and all equipment and uniform issued to our child in as good condition as when received, except for normal wear and tear. If not returned, I agree to reimburse SYB for said equipment.
- To furnish a clear copy of the above named child's birth certificate to SYB officials.
- To volunteer, as needed, at the CPP concession stand.

My signature below indicates I have read, understand and agree to the terms on this form:

Parent/Guardian Signature: \_\_\_\_\_

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**... FOR USE BY SYB OPTIMIST OF LUSBY ...**  
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LEAGUE AGE: \_\_\_\_\_ DIVISION/TEAM: \_\_\_\_\_  
BIRTH CERTIFICATE/VERIFICATION: \_\_\_\_\_  
REGISTRATION FEE: AMOUNT PAID: \$ \_\_\_\_\_ CHECK#: \_\_\_\_\_ CASH  
INDIVIDUAL TWO\* FAMILY\*  
RAFFLE TICKET : AMOUNT PAID: \$ \_\_\_\_\_ CHECK#: \_\_\_\_\_ CASH  
\* OTHER FAMILY MEMBERS: \_\_\_\_\_  
COMMENTS: \_\_\_\_\_