



**Texoma Youth Baseball Association**  
**Registration / Medical Release**  
(Please Print)



Player's Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Participation in USSSA Baseball requires the ability to run, throw, swing a bat, and catch a ball. Additionally, participation requires the capacity to understand the rules of the game. Does your child have any current conditions that limit his/her ability to participate in this activity? \_\_\_\_\_ If "yes", please explain: \_\_\_\_\_ (write "None" if no exceptions). Please provide information about allergies or medical conditions that the team should have in case of emergency: \_\_\_\_\_ (write "None" if no known allergies).

I/We, the parents/guardians of the above named candidate for a position on a USSSA Baseball team, hereby give my/our approval to participate in any and all TYBA activities, including transportation to and from activities. \_\_\_\_\_ (Initial)

I/We know that participation in baseball, softball, or t-ball may result in serious injuries and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify and agree to hold harmless the USSSA, Incorporated, the organizers, sponsors, supervisors, participants, and persons transporting my/our child to and from activities for any claim arising out of any injury to my/our child whether the result of negligence or for any other cause. \_\_\_\_\_ (Initial)

I/We agree to return upon request the uniform and other equipment issued to my/our child in as good condition as when we received except for normal wear and tear. \_\_\_\_\_ (Initial)

I/We will furnish a certified birth certificate of the above-named candidate to League Officials. \_\_\_\_\_ (Initial)

Family Hospitalization Plan: \_\_\_\_\_ Policy #: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Signature: \_\_\_\_\_ Work #: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent / Guardian

Printed Name: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Spouse's Occupation: \_\_\_\_\_

No player fee will be refunded after a child has been placed on a team! \_\_\_\_\_ (Initial)

I have read and agree with the TYBA Parents Code of Conduct \_\_\_\_\_ (Initial)

For TYBA use only	B/C Verification: _____ Player's League Age: _____ School: _____ Shirt Size: _____
	Previous WFL Team: _____ Division: _____ Amt Paid: _____ Cash / Check #: _____