



# 2017 Spring Season Yuma Fast-Pitch & T-Ball Registration Form

U-\_\_\_\_\_ M / F  
1st time registration: Y / N  
Birth Certificate: Y / N  
(For YFTL staff use ONLY)

\*\*\* Child MUST be at least 3 years old and NO older than 14 years old on January 1, 2017  
\*\*\* 1st time registration REQUIRES copy of birth Certificate

**Early Registration September 6, 2016-February 23, 2017 (Tiny-Tot & Tball = \$65 , 8U-14U = \$75)**  
**Late Registration February 24, 2017-March 2, 2017 (Tiny-Tot & Tball = \$75 , 8U-14U = \$85)**

\*\*\*\* Please make payments to City of Yuma 1 City Plaza Yuma AZ 85365 Phone: 928-373-5200 \*\*\*\*

\*\*\* NO REFUNDS AFTER 04/08/2017 \*\*\*

\*\*\* REFUNDS will be processed through YFTL on and after 04/29/2017 \*\*\*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
mm/dd/yyyy

Address: \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone Number \_\_\_\_\_ Male / Female  
Check one

E-mail Address: \_\_\_\_\_

Mother (Guardian) Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father (Guardian) Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Other Emergency Contact Name: \_\_\_\_\_ Contact#: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Contact#: \_\_\_\_\_

Medical Insurance Co.: \_\_\_\_\_ Policy #: \_\_\_\_\_ Tetanus Booster: \_\_\_\_\_

Medical Problem or Limitations of Player: \_\_\_\_\_

### Prefer to be on a Foothills or 3E/Counties area team?

*(This option is only for Tiny Tot, Tball, & 8U MiniSox Divisions.  
This will only be honored if teams are available.)*

Please check one

YES

NO

### Parents/Guardians- Please check if interested

\*\*\* Please submit coach/assist coach/ sponsor form with player app. \*\*\*

BOARD MEMBER  
(Must attach board app.)

VOLUNTEER  
(Must attach volunteer app.)

TEAM SPONSOR  
(Must attach sponsor form)

COACH  
(Must attach coach app.)

ASSIST./TEAM PARENT  
(Must attach coach app.)

**BUDDY SYSTEM (Tiny Tot, Tball & 8U MiniSox ONLY) - You may ONLY Buddy with ONE other player. If you choose to participate in the Buddy System, both applications MUST be stapled together and the Buddy name, date of birth, and phone # MUST be listed below.**

**Buddied players cannot be picked by a coach unless the coach picks both players**

BUDDY NAME: \_\_\_\_\_ Buddy date of Birth: \_\_\_\_\_ CONTACT#: \_\_\_\_\_

SHIRTS: Please Circle  
YOUTH SIZES:

ADULT SIZES:

PANTS: Please Circle  
YOUTH SIZES:

ADULT SIZES:

## Parent(s) consent to allow participation in the Yuma Fast-Pitch & T-Ball League & Authorization to treat a Minor

I (we) hereby give my (our) consent for \_\_\_\_\_ to actively participate in the Yuma Fast-Pitch & Tball League. I (we) assume all risks and hazards, which are incidental to the conduct of the Tball and Softball activities. When requested, I (we) will submit a copy of Certificate of Live Birth. I (we) understand that when the manager or chaperone is present, all players are covered by an Express Accident/Medical Insurance Policy and coverage extends for 52 weeks from the time of the accident. Insurance is only in effect at team practice at practice field sites, which have been approved by the League. It is understood that in the case of an emergency, every effort will be made to contact me (us) at the number(s) listed on this form. The undersigned parent(s) / legal guardian(s) of the player, a minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical, or surgical diagnosis rendered under general or special supervision of any member of the medical staff and emergency room staff licensed under the provision of the Medical Practice Act, or a dentist licensed under the provisions of the Dental Practice Act and on the staff at any acute general hospital currently licensed by the State Department of Public Health. This authorization is given pursuant to the provisions of the civil code in my (our) home stat. Furthermore, I (we) grant YFTL permission the use my child's name and use of their likeness in a photograph, video, or other digital reproduction (herein referred to as "likeness") in any and all of its publications, including website entries, without payment or any other consideration for YFTL event(s): I (we) understand and agree that these materials will become the property of YFTL. I (we) hereby irrevocably authorize YFTL to edit, alter, copy, exhibit, publish or distribute my child's likeness for purposes of publicizing its programs or for any other lawful purpose. In addition, I (we) waive the right to inspect or approve the finished product, including written or electronic copy, wherein my child's likeness appears. Additionally, I (we) waive any right to royalties or other compensation arising or related to the use of the photograph. I (we) hereby hold harmless and release and forever discharge YFTL from all claims, demands, and causes of action which I (we), my (our) heirs, representatives, executors, administrators, or any other persons acting on my (our) behalf or on behalf of my (our) estate have or may have by reason of this authorization. I (we) have read this release before signing below and I (we) fully understand the contents, meaning, and impact of this In the event a refund is requested, the following shall occur. 1) Requests must be made to the YFTL Board of Directors in written form and sent to [YumaYFTL@gmail.com](mailto:YumaYFTL@gmail.com) 2) Refund requests must be made before 04/08/2017. 3) If request for refund is made after uniforms have been ordered, the cost of the uniform will be deducted from the refund. 4) Refunds will be processed and made available after 04/29/2017. 4) Refund will be given minus \$5.00 due to processing fee.

The 2017 Spring Season Basic Player Package will include a shirt/jersey, picture packet, and participation award. Additionally for the 2017 Spring Season, YFTL will also include pants, socks, and possibly a hat/visor.

I have received, read, and adhere to the YFTL Concussion Policy and Parent Code of Conduct

Printed Name: \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_



# 2017 Spring Season Yuma Fast-Pitch & T-Ball Request to Move Up A Division Form

U- \_\_\_\_\_ M / F  
1st time registration: Y / N  
Birth Certificate: Y / N  
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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

mm/dd/yyyy

Address: \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone Number \_\_\_\_\_

Male / Female  
Check one

E-mail Address: \_\_\_\_\_

Mother (Guardian) Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father (Guardian) Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Division Player is **SUPPOSED** to be playing in: \_\_\_\_\_

Division Player is **REQUESTING** to play in: \_\_\_\_\_

Has the Player played at least 1 season in the Division they are supposed to be playing in?    Y    N

In a brief statement, please explain why you feel that this Player should be playing up in a higher Division than the one they are supposed to play in:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Parent(s) consent to allow participation in the Yuma Fast-Pitch & T-Ball League and Request to Move Up a Division

I (we) hereby give my (our) consent for \_\_\_\_\_ to actively participate in the Yuma Fast-Pitch & T-Ball League. Furthermore, I (we) understand that I am (we're) submitting my (our) request for my (our) child to play up a division. I (we) understand that this is only a request and that the Yuma Fast-Pitch & T-Ball League Board of Directors will review my (our) Request Form. I (we) also understand that this is not a guarantee that my (our) child will play up as the Board of Directors will make that decision on the best interest and safety of my (our) child and the other players in the league. I also understand that I cannot request to play down a division, but rather only request to play up. Furthermore, for the purposes of All-Stars, I understand and am waiving my (our) right for my (our) child's eligibility for All-Stars in their age group. They will ONLY be eligible for All-Star selections in the division they actually play in during the 2017 Spring Season. The Board of Directors will notify me (us) of their decision before the draft which is set for March 10, 2017.

Printed Name: \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_



In order to help protect the players of Arizona, YFTL has mandated that our players, parents/guardians, and coaches follow the **YFTL Concussion Policy**.

### **What can happen if my child/player keeps on playing with a concussion or returns too soon?**

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents, and players is the key for an athlete's safety.

### **If you think your child/player has suffered a concussion**

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours.

"A young athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time and may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider."

Licensed Health Care Providers acceptable to make the determination:

1. Medical Doctors (MD)
2. Doctor of Osteopathy (DO)
3. Advanced Registered Nurse Practitioner (ARNP)
4. Physicians Assistants (PA)
5. Licensed Certified Athletic Trainers (ATC)

You should also inform your child's coach if you think that your child/player may have a concussion. Remember, it is better to miss one game that miss the whole season. **When in doubt, the athlete sits out.**

For current and up-to-date information on concussions, you can go to:  
**<http://www.cdc.gov/ConcussionInYouthSports/>**

**This form remains possession of player parent/guardian for their record and review**



A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child/player reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

**Symptoms may include one or more of the following:**

<ul style="list-style-type: none"> <li>Headaches</li> <li>“Pressure in head”</li> <li>Nausea or Vomiting</li> <li>Neck Pain</li> <li>Balance problems or Dizziness</li> <li>Blurred, Double, or Fuzzy Vision</li> <li>Sensitivity to light or noise</li> <li>Feeling sluggish or slowed down</li> <li>Feeling foggy or groggy</li> <li>Drowsiness</li> <li>Change in sleep patterns</li> </ul>	<ul style="list-style-type: none"> <li>Amnesia</li> <li>Don’t feel right</li> <li>Fatigue or low energy</li> <li>Sadness</li> <li>Nervousness or anxiety</li> <li>Irritability</li> <li>More emotional</li> <li>Confusion</li> <li>Concentration or Memory problems (forgetting game plays)</li> <li>Repeating the same question/comment</li> </ul>
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**Signs observed by teammates, parents, and coaches can include :**

<ul style="list-style-type: none"> <li>Appears dazed</li> <li>Vacant Facial Expression</li> <li>Confused about assignment</li> <li>Forgets plays</li> <li>Is unsure of game, score, or opponent</li> <li>Moves clumsily or displays in-coordination</li> <li>Answers questions slowly</li> <li>Slurred speech</li> <li>Shows behavior or personality changes</li> <li>Can’t recall events prior to hit</li> <li>Can’t recall events after hit</li> <li>Seizures or convulsions</li> <li>Any change in typical behavior or personality</li> <li>Loses consciousness</li> </ul>
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## PARENT CODE OF CONDUCT

\*FOLLOW THE GOLDEN RULE - Always treat others (coaches, parents, officials, and players) the same way that you would want your child to be treated. Set the example by showing respect, dignity, and total sportsmanship at all times.

\*PARENTS - Youth baseball/softball is for kids. If you find yourself becoming too emotionally involved in what's happening on the fields, take a step back, relax, and enjoy the game. Remember to give the young players the freedom to enjoy playing.

\*BE RESPONSIBLE - Please bring your child to practice and games on time. Make sure they are prepared with their uniform and cleats. Teach the benefits of eating properly before a game and how important it is to drink water/fluids during the games. Also, be on time to pick up your child after practice. The coach sets practice times and depends on you to be there so he/she can go home too.

\*BE SEEN, NOT HEARD - Nothing is better for a young player than having their parents present to watch them play. Nothing is worse for a player than hearing a parent booing, taunting, screaming, or making comments at or about, players, coaches, fan and/or officials. Offer applause and cheers of encouragement for both teams, following a good play or great effort; otherwise keep negative comments to yourself.

\*IT'S SUPPOSED TO BE FUN - Help make it that way! Keep smiling. Encouragement, enjoyment, and participation rather than the end results of whether your player's team wins or loses. Should be the focus; if it's not fun, something's wrong.

\*MOTIVATE THROUGH CONFIDENCE - Try and identify a position, aspect or thing your child did from every game or practice, and tell them about it to help build confidence. A young player's sense of achievement is the greatest motivator.

\*DON'T QUESTION AN OFFICIALS CALL - You may not agree with a call, but it's not your job (or the players or coaches) to officiate the game. Never should an official's call be argued by anyone. Accept the call and move on.

\*TALK WITH THE COACH AFTER THE GAME - If you have concerns regarding how the coach is running the team, please speak to them privately the next day. Let the heat of the moment pass. Never make a scene in front of the team as it's embarrassing for you, your child and the coach. Also, take the time to compliment the coach. Remember, they volunteer many hours to help give your child a positive experience. You may also contact the Recreation Supervisor to voice your concerns.

\*PUT WINNING AND LOSING INTO PERSPECTIVE - Games have winners and losers. Speak with your child, and let them know it's alright to lose; the important thing is that the experience was a positive one.

\*AVOID THE POST GAME ANALYSIS - Don't analyze your player's performance following every game. If you do, chances are they will avoid talking to you after games or worse yet not want you at the games at all and quit playing. Let your child come to you for advice and again, always be positive.

\*PRACTICE - Take the time to practice with your child; it will help improve their skills and will enhance the quality time you spend with your child.

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