La Costa Youth Organization (LCYO) Baseball & Softball Paper Registration Form (Updated 6/2506)

Send with payment to: 7668 El Camino Real #104-610 Carlsbad, CA 92009

SPRING

Gender: Male / Female **Returning Player to LCYO:** Yes / No

First Name: _____ **Last Name**: _____

Birthday (MM/DD/YYYY): _____/_____/_____ **School:** _____

Email #1: _____ **Email #2:** _____

Home Address/City/Zip: _____ **Home Phone:** (_____)_____

Work Phone: (_____)_____ **Cell Phone:** (_____)_____

Doctor Name: _____ Phone: (_____)_____ Medical Conditions? _____

Name of Person to Notify in Case of Emergency: _____ **Phone:** (_____)_____

Guardian #1: Name: _____ **Phone:** (_____)_____ **Relationship**: _____

Guardian #2: Name: _____ **Phone:** (_____)_____ **Relationship:** _____

Division (Please Circle): If unsure, our registration system will place your child in the correct Division.

Baseball: T-Ball (5-6 yrs old) Pinto-North* (6-8) Pinto-South* (6-8) Mustang-North* (8-10) Mustang-South* (8-10) Bronco (10-12) Pony (12-15)

Softball: Pee Wee (5-6 yrs old) Div 1A (7-8) Div 1 (9-10) Div 2 (11-12) Div 3 (13-14)

* North Schools: Aviara Oaks, La Costa Meadows, Pacific Rim, Rancho Carrillo, and San Elijo.
* South Schools: El Camino Creek, La Costa Heights, Mission Estancia, and any school in Encinitas.

Player Request (T Ball & PeeWee: Multiple. Other Divisions: only 1 request) _____

Release of Liability & Consent to Medical Care & Treatment: To Induce LCYO to accept registration and permit participation in the organization by the aforementioned named child, I, the parent or guardian of said child, give my consent and agree to release, indemnify, and hold harmless LCYO, officials, coaches, and representatives from any claim rising out of injury to the above-named child, except to the extent and in the amount covered by accident and/or liability insurance held by LCYO.

I, the undersigned, parent or guardian of the applicant, a minor, do hereby authorize the coaches, assistant coaches, or parents of the team members acting in the capacity of supervisors or vehicle drivers, as agents for the undersigned to obtain medical care from any licensed physician, hospital or medical clinic and to consent to medical, surgical, dental examination or treatment should said child become ill or injured while participating in league activities away from home, on the practice or playing field, or at other times when neither parent or guardian is available to grant authorization for emergency treatment.

I agree to be bound by the league's By-Laws, Rules and Regulations and understand that failure to comply could result in non-acceptance of registration or suspension from the league and understand that completion of the registration form does not mean automatic enrollment into the league.

_____ _____ _____

Signature Date Printed Name