



**MYAA 2012 Baseball
Sunday Travel League
Registration Form
9U**

P.O. Box 218
Manhattan, IL 60442

(815) 773-4359 #3
(708) 745-9333 Fax

www.manhattanball.com
baseball@manhattanball.com

PLAYER'S INFORMATION: (Please fill out information in full)		Comments:
Name: _____ Birth Date: _____ Gender: _____		
Address: _____ City: _____ Zip: _____		
Parents / Guardians: _____ E-Mail Address: _____		
Home Phone: _____ Work Phone: _____ Cell Phone: _____		
Played Last Season? NO ___ YES ___ Team Name/Coach: _____		
Years in Organized Baseball/Softball: _____		
MEDICAL INFORMATION:		
Doctor's Name: _____		Phone Number: _____
Local Relative or Neighbor: _____		Phone Number: _____
Relation to Player: _____		
Special Health Information: _____		
BOYS (Age as of 05/01/12) 9U (Birthdates from 05/01/2002 to 04/30/2003)		
<p>Sunday Travel League players are REQUIRED to register and participate within the recreational ball program of the Manhattan Mavericks. The Sunday Travel teams shall participate in the Chicago land Sunday Baseball/Softball League (www.clsunball.com). These travel teams shall play a minimum 10 game schedule in addition to their rec ball schedule. Most, if not all, of these travel games shall take place on Sundays (5 home/5 away). There are currently 59 communities that participate in this league, many of which are in the South and Southwest Suburbs, so the travel is not extreme.</p>		
<p>The Sunday Travel League provides a more competitive level of play than recreational ball. These teams shall be chosen through an evaluation process. Due to the competitive level of play of these teams, not all those who participate in the try-outs will make the team. By signing below you acknowledge that by granting permission to have the aforementioned child participate in the try-out for the 2011 Sunday Travel Team for their age group DOES NOT imply that said child has made said team. Players chosen will be contacted by their travel team's staff within two weeks of the try-out.</p>		
<p>I / We have been informed by the Manhattan Youth Athletic Association of its intent to provide supervised games and practices. I / We waive all claims against the organization, coaches, or any supervisor appointed by them. I / We release from responsibility any person transporting my/our child to and from an activity associated with any Manhattan Youth Athletic Association Program.</p>		
<p>I / We give the Manhattan Youth Athletic Association, coaches, or any person appointed by them to supervise the event, permission to obtain a physician to administer emergency medical treatment and if needed, transport my/our child to the nearest treatment facility.</p>		
X Parent / Guardian Signature: _____ Date: _____		