*Check or Cash Received $50 - $40- 3rd Child*

 Registration Form to Play in

 *Scotland Youth League*

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 Player’s Name Birth Date (at 5/1/2018 baseball/ 1/1/2018 softball)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street Address City Home # Cell#

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ YS /YM / YL / AS / AM / AL Boy / Girl

 Email Address Shirt Size Gender

I/We do hereby give my/our approval and permission for the above named child to participate in any and all activities of the Scotland Youth League Corporation Program. I/We assume all risks and hazards incidental to such participation including transportation to and from the activities; and I/We do hereby waive, release, absolve, indemnify and agree to hold harmless the Scotland Youth League Corporation, the organizers, sponsors, supervisors, participants and persons transporting my/our son/daughter to or from activities, for any claim arising out of any injury to my/our son/daughter whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance.

I/We do hereby certify that the above information is correct and actual.

I/We agree to do volunteer work at ONE (1) of the THREE (3) scheduled volunteer days throughout the season. I will forward a $50.00 REFUNDABLE volunteer assessment to Scotland Youth League, PO Box 143, Scotland, PA 17254

Community where child played last year 1st Year Scotland Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date Parent/Guardian Signature (Both may sign)

I have examined this application and have assigned this player to the following team roster:

Team Name­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Director Signature