



# Patterson Youth Softball & Baseball (Tigers County Ball)

## PLAYERS REGISTRATION FORM 2025

### **PLAYERS INFORMATION:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
First MI Last

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

Primary Phone: \_\_\_\_\_ Email: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Number of years played: \_\_\_\_\_

Softball Girl's age as of 12/31/24 \_\_\_\_\_ Baseball Boy's age as of 4/30/25 \_\_\_\_\_ PYSB Returning Player: **Y N**

Played Travel Ball: **Y N** If yes, which years: \_\_\_\_\_

Special request for a (Coach, Team, Age Group, Etc.) *for consideration only, no guarantee* \_\_\_\_\_

### **PARENT / GUARDIAN CONTACT INFORMATION:**

Name1: \_\_\_\_\_ Name 2: \_\_\_\_\_  
First MI Last First MI Last

Phone1:( ) \_\_\_\_\_ Phone 2: ( ) \_\_\_\_\_

Email 1: \_\_\_\_\_ Email 2: \_\_\_\_\_

\* **Yes I**, \_\_\_\_\_, would like to volunteer for the following: Circle one or more below.

**Head Coach Asst. Coach Umpire Snack-Bar Field Prep Board Member Fundraising Volunteer**

### **MEDICAL INFORMATION:**

Doctor / Hospital Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Any Known Medical Conditions: \_\_\_\_\_

### **AUTHORIZATION FOR EMERGENCY TREATMENT**

In the event of any injury or sickness occurring during any PYSB Tigers County Ball games or activities, you authorize any official(s) of the PYSB Tigers County Ball to administer first aid, and if necessary to transport your child to a duly licensed physician or to a hospital to administer emergency treatment. If your child's physician can be reached, the physician named above will be contacted. By signing this PYSB Tigers County Ball application, you give your consent of your child's participation in any and all activities of the PYSB Tigers County Ball Program during this 2023 season. You release the PYSB Tigers County Ball Program or any person(s) connected with the program of any responsibility for accident or injury incurred as a result of his/her participation in any and all activities, including transportation to and from games and/or activities of the PYSB Tigers County Ball Program.

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

**Staff use only:** Amount Paid \_\_\_\_\_ Cash/Check# \_\_\_\_\_ Jersey Size \_\_\_\_\_ Sock Size \_\_\_\_\_

SEE REVERSE

Tigers County Ball is a Member of "Stan-Co Baseball and Softball for Youth". All Games are governed by the Stan-Co Rules and Amendments to MLB Baseball and NFHS Softball Rule Books. The following is true for both Softball and Baseball: All games are played within Stanislaus County. All teams will play a potential eight week season. All teams will play two games per week, (one Home Game in Patterson, and one Away game within Stanislaus County). All Team Practices will take place in Patterson beginning in February - March. All games begin the first week of April and run thru the end of May. Tournament teams are encouraged post regular season. Softball and Baseball Age Groups are: 7-8 Coach-Pitch, 9-10yr, 11-12yr & 13-14 year old are Player-Pitch. Teams Levels may include A, B and C; American, National and Pacific. Note: *Team age groups and levels of play availability are contingent on player count, the ability to fill teams and number of teams in an age group.* PYSB Teams and player drafts are selected by: Softball or Baseball, Players age, Players skill level. Travel Ball Players are accepted. Note: The following items must be completed to insure your child's placement on a team: (a) Complete a Players Registration & Release of Liability Form. (b) Pay all fees in total. (c) Provide a copy of your child's Birth Certificate (for new player only). (d) Have your child fitted for a jersey. (e) Attend a mandatory parents meeting, and sign Parents Code of Conduct. (f) Your child must attend a mandatory skill evaluation and or skills clinics, sign Players Code of Conduct. "Failure to complete will place your child on a waitlist". Fees \$130.00 per player + \$30.00 in Fundraising.

### **RELEASE OF LIABILITY FOR MINOR PARTICIPANTS READ BEFORE SIGNING**

IN CONSIDERATION OF, my minor child/ward (Any child), being allowed to participate in any way in the Patterson Youth Softball & Baseball Program, AKA Tigers County Ball, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury to my child from the activities involved in these programs is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce the risk, the risk of serious injury does exist; and,
2. FOR MYSELF, SPOUSE AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child's participation; and,
3. I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child's readiness for participation and/or in the program itself, I will remove my child from participation and bring such attention of the nearest official immediately; and,
4. I for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE THE other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event (Releasees), Patterson Youth Softball and Baseball, Patterson Tigers County Ball, Stanislaus County Baseball for Youth Including but not limited to our community partners including City of Patterson Board of Commissioners, City of Patterson Parks commission, City of Patterson Recreations, Stanislaus County Board of Commissioners, WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my child's involvement or participation in these programs which includes transporting to and from such program, WHETHER ARISING FROM THEIR NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
5. I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releases from any and all liabilities incident to my involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

**X** \_\_\_\_\_  
**(Participant; Print full Name)**

\_\_\_\_\_  
**(Date)**

#### **UNDERSTANDING OF RISK**

**I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to rules and regulations, and accept them as a participant.**

**X** \_\_\_\_\_  
**(Parent/Guardian Signature)**

\_\_\_\_\_  
**(Print Name)**

\_\_\_\_\_  
**(Date)**

**PYSB - PO Box 1343 Patterson CA 95363, PYSB 621 Periwinkle Drive, Patterson CA 95363**  
**Email: ptcountyball@yahoo.com**

SEE REVERSE