



PRAIRIE YOUTH
BASEBALL LEAGUE

Registration and Try-On Night
Monday, February 23rd, 2015
6:00-8:00pm
High School Study Hall

www.eteamz.com/prairieyouthbaseballleague

The Prairie Youth Baseball League (PYBL) is planning for our 4th season in 2015. The PYBL is an independent youth baseball organization supported by adult volunteers. The PYBL focus is developing baseball skills in a fun and respectful environment. The PYBL will include College Community teams as well as teams from the Ely and Walford Parks and Recreation programs.

The PYBL works in partnership with the Prairie Hawks Baseball Club, Inc, the Prairie Coaching Staff and school administration to provide a quality baseball experience at an affordable cost.

The PYBL is governed by a volunteer Board of Directors.

Dave Wertz, President - samnash@southslope.net

Ken Carrol, Secretary - kencarroll@yahoo.com

Dan Dyson, Treasurer – daniel.o.dyson@gmail.com

Jeremy Vega – jivega67@gmail.com

Larry Ewing - lewingjr@southslope.net

Jeff Hilleman– jahilleman@gmail.com

The Board is responsible for development and structure of the league, coordinating financial aspects of the program and communicating with school district coaches and administrative staff.

Registration for the 2015 PYBL will be held in the Prairie High School Study Hall on **Monday, February 23rd from 6:00-8:00pm.** A registration form is available on the PYBL website at www.eteamz.com/prairieyouthbaseballleague/.

The PYBL Board of Directors is very excited for the 2015 season and continuing to work in conjunction with the Prairie Hawks Baseball Club, Inc, the Prairie baseball coaching staff and administration building toward the goal of providing the best baseball experience in the state of Iowa.

Prairie Youth Baseball League

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PRAIRIE YOUTH BASEBALL LEAGUE

2015 SPRING REGISTRATION

DATE: Monday, FEBRUARY 23TH 6:00-8:00pm LOCATION: High School Study Hall

2015 REGISTRATION FEE: \$70 (Please make checks payable to PYBL)

DIVISION (CIRCLE ONE): (grade in fall) T-BALL (Pre-K/K/5 yr. old) "A" League (1st/2nd/3rd skill based) "AA" LEAGUE (3rd/4th/5th) "AAA" LEAGUE (6th/7th/8th)

Player's First Name: _____ Last Name: _____

Do you have more than 1 child playing in PYBL THIS season? Y/N Sibling name: _____

Age as of MAY 1, 2015: _____ Current School: _____ Grade: _____

Last year's Division, Coach & Team: _____

Rate your child's skill Level (circle one): Beginner Some Experience Advanced

Shirt size (Circle One): YOUTH (XS) (S) (M) (L) (XL) OR ADULT (S) (M) (L) (XL)

Pant Size (Circle One): YOUTH (XS) (S) (M) (L) (XL) OR ADULT (S) (M) (L) (XL)

Hat Size (Circle One): YOUTH OR ADULT

I hereby and forever discharge all sponsors of Prairie Youth Baseball League, including but not limited to College Community Schools, their agents, and all persons connected with Prairie Baseball Club, Inc and Prairie Youth Baseball League, of and from any and all rights, claims, demands, and actions of any and every nature arising from any loss, damage or injury sustained by me, or the minor for whom I am signing, which is in any way connected to or arising from participation in the Prairie Youth Baseball League. As a parent and/or player we agree to abide by the CODE OF CONDUCT set forth by the Board of Prairie Youth Baseball League.

Player's Name: _____ Parent Signature: _____

Email address: _____

Last Chance registration for the 2015 season is MARCH 5th, 2015 6:30-8:00pm HS Study Hall!!

***Any registration forms received after March 7th, will NOT be guaranteed a team jersey, but Will be placed on a team, if a team jersey is not available, you will be responsible for providing a color matched t-shirt for your player.**

THIS FORM MUST BE FILLED OUT AND SIGNED BEFORE YOUR CHILD MAY PARTICIPATE.

EMERGENCY TREATMENT RELEASE FORM

PARTICIPANT'S NAME _____ BOY / GIRL DOB _____

PARENT/GUARDIAN NAME _____ PHONE : (____) ____ - ____ CELLPHONE: ____/____/____

ADDRESS _____ CITY _____ ZIP _____

SPECIFY MEDICAL ALLERGIES, CHRONIC ILLNESSES OR OTHER CONDITIONS

(Including Food) _____

OTHER CONTACT IN CASE OF EMERGENCY: NAME: _____ RELATION: _____ PHONE: ____/____/____

As parent and/or guardian if I cannot be located, I do hereby give my permission to an authorized representative of the Prairie Youth Baseball League to obtain professional medical attention for my child in case of illness or injury. I understand that I am responsible for all costs involved. I do hereby authorize treatment by a qualified and licensed physician of the following minor in the event of a medical emergency which, in the opinion of the attending physician, is needed. This authority is granted only after a reasonable effort has been made to reach me.

NAME OF MINOR CHILD _____

THIS RELEASE FORM IS COMPLETED AND SIGNED OF MY OWN FREE WILL WITH THE SOLE PURPOSE OF AUTHORIZING MEDICAL TREATMENT UNDER MEDICAL EMERGENCY CIRCUMSTANCES IN MY ABSENCE.

SIGNED: _____ DATE: _____ RELATIONSHIP-CIRCLE ONE: FATHER MOTHER LEGAL GUARDIAN