



PO Box 6631  
Rochester, MN 55903

# RYBA 2010 Registration Form

**Rochester Youth Baseball Association**

*"Celebrating our 53rd Year"*

**Registration will be held January 26 & 27 from 6:00 PM to 8:30 PM at the Rochester Recreation Center on North Broadway and Elton Hills Drive NW.**

**NOTE:** Registration form must be postmarked by 3/01/10 to be guaranteed placement on a team. Late entries will be accepted but not guaranteed placement. Register by 3/26/10 to be included in MAJOR TRYOUTS.

**Additional forms available at [www.rybamn.com](http://www.rybamn.com)**

Player First Name:		Player Middle Name:	
Player Last Name:		Parent Email Address:	
Address:			
City, State & Zip:			
Primary Phone:		Secondary Phone:	
School:	Current Grade:	Birthdate:	

Parent/Guardian **PLEASE READ** the following and **sign below**. I, the parent/guardian of the player named above, hereby grant permission, in case of injury, for our son/daughter to be given emergency first aid, at any one of the Rochester hospitals or medical clinics. I further approve of our son/daughter's participation in this RYBA activity, assume all responsibility and liability involved and agree to hold free from any and all liability the Rochester Park and Recreation Department, any Rochester Private, Public or Parochial School System, MNSCU, and the Rochester Youth Baseball Association, its officers, directors, supervisors, managers, coaches, volunteers, or representatives. I understand that the Rochester Youth Baseball Association carries or provides no insurance of any kind. I have reviewed the RYBA Code of Conduct.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Tryouts:** (optional)  
*I would like to tryout for one or both the following*

- Majors team (Grades 4-8)**
- AAA, AA, or A Traveling option (Ages 8-15)**

### **Coaches and Volunteers!! Can you help?**

Name \_\_\_\_\_

Email \_\_\_\_\_

Head Coach  Asst Coach  Volunteer

Coaching candidates are required to complete and return the coaches application form included in this newsletter.

I would like to be considered or nominate someone as a candidate for the RYBA Board Of Directors in the 2011 season

### **Payment:** *(Check one)*

- Grades K-3 \$90**
- Grades 4-8 \$130**

### **Donation**

Provide a one time tax-deductible gift to RYBA to be used for scholarships and financial assistance

\$ \_\_\_\_\_