

2019 MCYLA BASEBALL/SOFTBALL LEAGUE REGISTRATION

**Due @ City Hall or Mapleton Elementary Office**  
**March 18th**

**We WILL NOT take any late registrations.**

All boys and girls in grades K-8 living in the Mapleton and Castana areas are eligible to participate in the MCYLA (Mapleton / Castana Youth League Association) 2019 summer baseball and softball Programs.

<b>Name of Player(s)</b>	<b>Grade</b>	<b>M/F</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Emergency# \_\_\_\_\_

Parents/Guardians Responsible for Child \_\_\_\_\_

Address: \_\_\_\_\_

**Registration Fee to Play: \$15 per child maximum \$30 per family to participate.**

**Uniform Fees:**

- Socks (maroon) ..... \$5/pair (required by all)**
- Baseball Hats.....\$10/hat (required by all boys)**
- Softball Visors.....\$10/visor (required by all girls)**

*If the registration fee is a financial burden please contact a board member & the fee will be waived. This will be kept confidential. Mike Wooster 889-6619, Toni Scott 882-3048, Christa Blake 389-1619, Josh Koenigs 880-2466, Andy Tirevold 1-720-375-3775..*

**INDEMNIFICATION AND HOLD HARMLESS AGREEMENT**

In consideration of the participation of my child/children/ward in the MCYLA during the 2019 season, the undersigned hereby agrees to indemnify and hold harmless the MCYLA, its director, board, coaches, and all umpires/officials against all claims by the undersigned or anyone claiming through the undersigned or on behalf of my child/children/ward, arising out of all acts or decisions made by the MCYLA, director, board, coaches, and all umpires/officials including the cost of defense thereof.

Parents/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please circle if you would be interested in coaching: YES NO**

**Mapleton Youth Athletics—Facebook Page**

**Please be advised that your child may be photographed or videotaped at various Mapleton youth athletic activities. Please sign and return this form.**

\_\_\_\_\_ **Yes, I give permission for my child’s photograph and or video to be posted on the Mapleton Youth Athletics Facebook page.**

\_\_\_\_\_ **No, my child’s photograph and/or video may not be posted on the Facebook page.**

# **Back Side----Medical Consent**

**(Please complete the medical consent form on back)**

**HEALTH AND INJURY INFORMATION CARD and CONSENT FOR MEDICAL TREATMENT FORM**

**(This form is to be completed and kept available for reference wherever competition takes place. Update medical information as necessary)**

Student's Name (Last, First, MI) \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_ Today's Date \_\_\_\_\_

Parent's/Guardian's Name \_\_\_\_\_

Student's Address \_\_\_\_\_

Parent's/Guardian's Home Phone Number \_\_\_\_\_

Father's/Guardian's Place of Work \_\_\_\_\_

Father's/Guardian's Work Phone Number \_\_\_\_\_

Mother's/Guardian's Place of Work \_\_\_\_\_

Mother's/Guardian's Work Phone Number \_\_\_\_\_

**In an emergency, when parent's/guardian's cannot be notified, please contact:**

\_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Hospital \_\_\_\_\_ Phone \_\_\_\_\_

Family Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Date of last tetanus booster: \_\_\_\_\_ (month/year) \_\_\_\_\_

Do you wear: Glasses \_\_\_yes \_\_\_no Contacts \_\_\_yes \_\_\_no Dentures \_\_\_yes \_\_\_no

List any known allergies, drug reactions, or other pertinent medical information. (Diabetes, seizures, history of head injury with unconsciousness or confusion, medications, etc.)

\_\_\_\_\_

Please note and date any new injury information here \_\_\_\_\_

## **CONSENT FOR MEDICAL TREATMENT**

Iowa law requires a parent's, or legal guardian's, written consent before their son or daughter can receive emergency treatment, unless, in the opinion of a physician, the treatment is necessary to prevent death or serious injury. As the parent(s), or legal guardian(s), of the child named on the front of this card, I (we) authorize emergency medical treatment or hospitalization that is necessary in the event of an accident or illness of my (our) child. I (we) understand that this written consent is given in advance of any specific diagnosis or hospital care. This written authorization is granted only after a reasonable effort has been made to contact me (us).

\_\_\_\_\_ Date \_\_\_\_\_ Parent's/Guardian's signature

Consent for Treatment endorsed by the Iowa Chapter of the American Academy of Emergency Physicians