

BURNS FLAT SUMMER YOUTH PROGRAM 2026 REGISTRATION FORM

PLEASE CHECK (✓) THE AGE GROUP THAT APPLIES TO YOUR CHILD	
TEE BALL	BOYS BASEBALL
___ 4 & 5 year olds	___ PEE WEES: 9-10 year olds ___ MIDGETS: 11-12 year olds
Boys COACH PITCH	
___ 6 -8 year olds	

PLAYER INFORMATION (all items must be completed):

LAST NAME	FIRST NAME	PHONE NUMBER
STREET ADDRESS	CITY	STATE ZIP
BIRTH DATE	AGE	GENDER/SEX SOC. SEC. # <small>(for insurance purposes)</small>

CIRCLE SHIRT SIZE (required): YOUTH SIZE: S M L ADULT SIZE: S M L XL

If there are siblings in the **SAME** age group, please list their **FULL** names here*:

*We will make every effort to accommodate your request to assign siblings to the same team (if they are in the same AGE GROUP), however, this request must be shown on this form. We will not reassign players after the deadline dates, so get your request in now!

FATHER's NAME:		FATHER's Cell or Home PHONE:	
		FATHER's Alternate PHONE:	
MOTHER's NAME:		MOTHER's Cell or Home PHONE:	
		MOTHER's Alternate PHONE:	

PERSON TO NOTIFY IN CASE OF EMERGENCY:		Cell or Home PHONE:	
		Alternate PHONE:	
DOCTOR TO NOTIFY IN CASE OF EMERGENCY:		PHONE:	

I, the parent/legal guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the BURNS FLAT SUMMER YOUTH PROGRAM, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with sports and activities and in consideration for the ASSOCIATION accepting the registrant for its sports programs and activities (the "programs"), I hereby release, discharge and/or otherwise indemnify the BURNS FLAT SUMMER YOUTH PROGRAM, TOWN OF BURNS FLAT, EMPLOYEES, ALL VOLUNTEERS its affiliated organizations and sponsors, for the programs and/or being transported to or from the same, which transportation I hereby authorize.

NAME OF PARENT/LEGAL GUARDIAN (please print)	SIGNATURE	DATE
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CONSENT FOR MEDICAL TREATMENT (MINOR): As the parent/legal guardian of the above named player, I hereby give consent for emergency care prescribed by a duly licensed doctor of medicine or doctor of dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent.

Signature of Parent/Legal Guardian: _____

Name: _____ Interested in coaching (age group): _____
(All coaches are volunteers and must be approved by the BFDC Summer Youth Committee.)