



CYAA 2010
Cambria
T-Ball & Coach Pitch

Season - March 27th – May 22nd
Temporada - 27 de marzo – 22 de mayo

Ages - 4 ½ - 8 years (co-ed)
Edades - 4 1/2 – 8 anos (ninos y ninas)

Registration - Wednesday, February 3th 2:30 – 5:00pm
Cambria Grammar School Multi Purpose Room

Saturday, February 6th 11:00 am – 2:30 pm
Santa Lucia Middle School

Registracion - Miercoles, de febrero 3rd 2:30 – 5:00 pm
Cambria Youth Center

Sabado, de febrero 6th 8:00 – 11:00 am
Santa Lucia Middle School

You may register by mail using the form on the back.
Tambien se pueden registrar por correo utilizando la forma
en el otro lado de este anuncio.

Cost - \$45.00 (\$60.00 after Feb. 19th)
Costo - \$45.00 (\$60.00 despues del 19 de febrero)

**Games are currently scheduled to be played on Saturday's
at the Cambria Grammar School.**

Coach Pitch 9:00 am T-Ball 10:00 am

Practice days and times will be determined by the Coaches.

For more information call: Gary Stephenson 805.924.1100

**CYAA T-Ball & Coach Pitch 2010
Registration Form**

T-Ball _____ Coach Pitch _____

Player Name _____ Home Phone _____

Email Address _____

Birth Date _____ Age _____ Grade _____ Boy ____ Girl ____

Address _____
City/State/Zip _____

Mother/Guardian _____ Work/Cell # _____

Father/Guardian _____ Work/Cell # _____

Emergency Contact _____

Permission to post photographs of your child on our CYAA Web Site yes____ No____

T-Shirt Size Youth SM MED LG or Adult SM MED LG

Acknowledgment & Assumption of Potential Risk

I understand, acknowledge that the CAMBRIA YOUTH ATHLETIC ASSOCIATION, INC. is a non-profit entity which merely sponsors the above named activities of the Coast Unified School District, the San Luis Coastal Unified School District, the Cambria Community Center, and the local parks. While coaches and volunteers do their best to provide a safe environment, athletic participation involves risk of injury. The CYAA does not provide medical insurance to cover injuries to any player or spectator. I understand that I am responsible for my own transportation to and from the activity and CYAA assumes no liability for loss or injury resulting from my transportation. Your signature below as the parent or legal guardian means you understand the above and assume all risk of injury to your own child and the risk to any other participant or spectator which may be caused by your child's participation in CYAA activities. You agree to indemnify and hold harmless the CYAA, all facilities listed above, any of their officers, employees or volunteers from any claims or illness arising out of or in any way connected with the above mentioned activities. You hereby release them from all such liabilities. **My child has no known medical condition, which may pose a risk to the health and safety of my child or others by participating in these activities.**

Please note any medical condition: _____

Parent/Guardian Signature _____ Print Name _____ Date _____

Parent Participation Appreciated

Coach _____ Assistant Coach _____ Team Parent _____ Team Sponsor (\$130.00) _____

**Return completed form to: CYAA Baseball Coordinator
683 Ashby Lane Cambria, Ca. 93428**

Please enclose a check payable to CYAA: Please note player name on check memo.

Registration Fee \$45.00 (\$5.00 less for sibling discount) **Late Registration Fee \$60.00** (After Feb. 19th)

Amount Paid _____ Cash/Check# _____

Scholarships available upon request _____ (Scholarship Request Form is required)

Donation towards the CYAA Baseball Scholarship Fund: \$5.00 ____ \$10.00 ____ \$Other ____

Special needs or requests: _____