

CCYO Baseball is Here!

We're proud to announce the formation of Celtic Catholic Youth Organization baseball for seventh- and eighth-graders.

Games will be played beginning in early March and running through late April.

A meeting for parents and players will be held at 1 p.m. **Sunday, Feb. 7**, at the Bishop McGuinness baseball field. That's Super Bowl Sunday, but we promise to make the meeting quick — you'll be out in plenty of time for your Super Bowl party.

Costs have not been finalized but likely will be \$50 per child.

For more information, contact:

**Owen Canfield (w-475-3205, c-740-7624 or email:
ocanfield@opubco.com)**

Or

Corey Edwards (c-833-5423 or email: cwecubsfan@hughes.net)



CCYO Boys' Baseball 2010

Registration & Information Form

Player's Name: _____

Date of Birth: _____ **Current Grade:** _____

School Currently Attending: _____

Home Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____

Player's Cell Phone: _____

Mother's Name: _____

Mother's Address: _____

Mother's Work Phone: _____

Mother's Cell Phone: _____

Mother's Email Address: _____

Father's Name: _____

Father's Address: _____

Father's Work Phone: _____

Father's Cell Phone: _____

Father's Email Address: _____

Emergency Contact & Phone #: _____

CCYO Boys Baseball 2010

MEDICAL & LIABILITY RELEASE WITH PARENTS' APPROVAL OF PARTICIPATION

I, _____ hereby certify by my medical doctor's name and signature that my child, _____ is physically able to play BASEBALL during the 2010 season with the CCYO Boys Baseball Team. I understand and realize that, in case of injury in participating in this baseball program, CCYO, its organizers and coaches are not legally liable for such injury, expense or incident, which might occur during practice, games or travel in regard hereto.

I further grant permission for the organizers and coaches to secure medical services for my child if it is deemed necessary in case of emergency. In regard thereto, it is my further understanding that neither the coaches nor organizers accept liability for payments of any resulting bills from the above actions taken.

I further understand that there is no insurance carried by the CCYO Baseball Team, its organizers or coaches and state that I have adequate insurance and other means to pay all costs of any baseball-related accident.

Medical Doctor's Printed Name: _____

Medical Doctor's Signature: _____

Hospital Preference: _____

Parent's Contact Phone Number during Practice or Games: _____