



## Spring 2012 Travel Baseball

Travel baseball offers an opportunity for WYB players who are looking for a more competitive brand of baseball. Wilton Youth Travel Baseball competes in the Empire State Baseball League. The Spring travel team requires an additional commitment by both the player and their families. Games are typically played on Sundays, possibly weeknights, and Holidays. Teams will be required to travel to neighboring communities, throughout Saratoga County, and the Capitol District. Spring travel teams will be formed based on player's house assessment scores, and the Coaches evaluation. There is a fee to play travel baseball.

**Is the Player interested in playing Spring 2012 Travel Baseball (circle one):**    **Yes**    **No**

### Parent/Legal Guardian Contact Information

<b>Parent/Legal Guardian:</b>	<b>Parent/Legal Guardian:</b>
<b>Home Phone:</b>	<b>Home Phone:</b>
<b>Cell Phone:</b>	<b>Cell Phone:</b>
<b>Email:</b>	<b>Email:</b>

### Emergency Contact Information (in event Parent/Legal Guardian Cannot be reached)

<b>Contact:</b>
<b>Relationship to Player:</b>
<b>Phone:</b>

### Medical Information

Allergies                       Asthma                       Other (please identify): \_\_\_\_\_

### Authorization

I/we being the parent(s) of custody or legal guardian(s) of (name of minor) \_\_\_\_\_, do hereby appoint the supervising **Wilton Youth Baseball** official to act on my behalf in authorizing unexpected medical, dental, surgical care, or hospitalization for said minor, in my absence and I authorize the **Wilton Youth Baseball** official to grant consent to medical doctors and emergency staff at a hospital/emergency facility to conduct the required tests and provide the necessary medical treatment/care to the above named child **IF I OR MY CHILD'S ADDITIONALLY NAMED PARENT OR GUARDIAN CANNOT BE REACHED**. I understand that every reasonable effort will be made to contact me. I understand that the consent and authorization herein granted are valid only during the length of the season.

I/We acknowledge and give consent for WYB to photograph and web cast all WYB games and events for the purpose of broadcasting, reporting to local papers, and/or posting on the WYB web page.

**Signature of Parent or Guardian** \_\_\_\_\_ **Date:** \_\_\_\_\_