

Detroit Lakes Youth Baseball Association

Pre-Season Skills Program Registration & Waiver Form

Player Name: _____

Date of Birth (MM/DD/YYYY): _____

Year in School: _____

Primary Positions Played (check all that apply):

- ☐ Pitcher ☐ Catcher ☐ First Base
☐ Second Base ☐ Shortstop ☐ Third Base ☐ Outfield

Throwing Hand:

- ☐ Right-Handed Thrower ☐ Left-Handed Thrower

Hitting Side:

- ☐ Right-Handed Hitter ☐ Left-Handed Hitter ☐ Switch Hitter
-

Program Description

The Detroit Lakes Youth Baseball Association (DLYBA) Pre-Season Program focuses on developing and improving the fundamental skills of baseball, including throwing, hitting, and fielding. The program is instructional in nature and designed to prepare youth athletes for the upcoming baseball season.

STARTS on SUNDAY, JAN 18th - ENDS on SUNDAY, MARCH 8th

10U, 11U, 12U Sundays 6:00 - 7:15 PM @DLHS

Grades 7 - 8: Sundays 7:00 - 8:15 PM @DLHS

Grades 9 - 12: Wednesday & Sundays 8:00 - 9:30 PM @DLHS

Emergency Contact Information:

Name: _____

Relationship to Participant: _____

Phone Number: _____

Email Address: _____

Waiver, Release, and Consent

By signing below, I, the parent or legal guardian of the above-named participant, acknowledge and agree to the following:

1. **Assumption of Risk:** I understand that participation in baseball activities involves inherent risks, including but not limited to injury from throwing, hitting, fielding, running, and conditioning drills. I voluntarily assume all such risks on behalf of my child.
2. **Release of Liability:** I hereby release and hold harmless the Detroit Lakes Youth Baseball Association (DLYBA), its coaches, volunteers, board members, organizers, and affiliated personnel from any and all liability, claims, demands, or causes of action arising out of or related to any loss, damage, or injury that may occur during participation in the Pre-Season Program.
3. **Medical Permission:** In the event of an injury or emergency, I authorize DLYBA staff or volunteers to seek medical treatment for my child. I understand that I am responsible for any medical costs incurred.
4. **Behavior & Participation:** I acknowledge that my child is expected to follow all program rules and instructions for the safety of all participants. Failure to do so may result in removal from the program without refund.
5. **Media Release (Please select):**
 - ☐ I grant permission for my child's photo or video to be used in DLYBA promotional materials.
 - ☐ I do **not** grant permission.

Parent/Guardian Consent & Signature

I certify that all information provided is accurate and that I have read, understand, and agree to the terms of this waiver and release.

Parent/Guardian Signature: _____

Date: _____

Printed Name: _____