



East Clinton Youth League

Boys Leagues Ages 5 - 14

Girls Leagues Ages 5 - 14



The East Clinton Youth League is a combined effort of the Sabina Recreational League and the New Vienna Youth League. The ECYL includes boys and girls (ages 5-14 by May 1, 2008). Complete a separate form for each child that would like to play. **The cost will be \$30.00 for the first child and \$20.00 for each additional child in the same family. Each child will receive a team shirt and cap.** If you have any questions, please call 725-0785. Thank you in advance for your support of the ECYL and we look forward to a great Summer at the diamonds.

Please:

1. Complete a form for each child that is interested in playing this Summer.
2. Make checks payable to Sabina Recreation or New Vienna Youth League, depending upon your location.
3. **Please deliver this form at the signup date listed below:**

Signup	March 15th 10:00am - noon	Player Selection Draft April 12, 2008
Dates:	March 22nd 10:00am - noon	
	March 29th 10:00am - noon	

SIGNUPS will be held at the Wayne Township Building in Lees Creek (on S.R. 729 across from the Post Office) on the date/time listed above.

Season runs from mid April to July 3. No players will be accepted after the April 12, 2008 draft date.

Name: _____ Birthdate: _____ Current Grade: _____
 Address: _____
 Parent/Guardian Names: _____
 Phone: _____ Gender: _____ (Circle one) - M or F
 Years played: _____ Positions played: _____

Shirt Size	Child	Child	Child	Adult	Adult	Adult	Adult	Adult
(Circle one):	S(6-8)	M(10-12)	L(14-16)	S	M	L	XL	XXL

****SHIRTS ARE NOT TO BE ALTERED OR DEFACED IN ANY WAY****

If you would like to assist with the teams, please circle your preferences below. **We appreciate your assistance!**

Coach
 Assistant Coach
 Umpire
 Team Sponsor

If you have circled a coaching position above, please provide your shirt size: **Adult S, M, L, XL, XXL**

I UNDERSTAND THAT I WILL ASSUME FULL RESPONSIBILITY FOR ANY INJURIES OR ACCIDENTS THAT MAY OCCUR WHILE MY CHILD IS ENROLLED IN THE EAST CLINTON YOUTH LEAGUE SPORTS PROGRAM. I UNDERSTAND THAT THE SCHOOL, BOARD MEMBERS, COACHES, ANYONE ASSISTING OR CONNECTED WITH THE PROGRAM WILL NOT BE HELD RESPONSIBLE FOR ANY INJURIES OR MISHAPS.

SIGNED: _____ **DATE:** _____
 (PARENT/GUARDIAN)

Special Considerations? (siblings, location issues, child illness notification, etc.)

**Special Requests will be considered - Not Guaranteed.
 There will be no refunds following the draft date.**