

St. Monica Youth Sports Ministry (SMYSM)
8421 West Montgomery Rd.
Houston, TX 77088

Event Registering Form – Please check all that applies:
 League Play _____
 Special Events e.g. Baseball Clinic _____
 Homerun Derby _____

Registration Form

____ Boy ____ Girl 4-6 yrs.

Player Information

Participant's Name (First, Last): _____
 Address: _____ City, Zip: _____
 Phone (Home): _____
 School Attending /District _____ Grade: _____
 Birth Date (MM/DD/YYYY): _____ Age (as of May. 1, 2025): _____

Parent/Legal Guardian Information

Father/Guardian's Name: _____
 Address (if different): _____ City, Zip: _____
 Phone (Home): _____ (Cell) _____ (Work): _____
 Email: _____
 Mother's Name: _____
 Address (if different): _____ City, Zip: _____
 Phone (Home): _____ (Cell) _____ (Work): _____
 Email: _____
 Do you have Personal or Group Insurance? ____ Yes ____ No (If yes, then complete):
 Name of Insurance Co.: _____
 Name of the Insured: _____
 Please list all pertinent medical information, physical limitations, problems or special needs:

Emergency contact (other than parents): _____
 Phone #: _____ Relationship: _____

Child resides with: (circle one) Mother / Father / Both / Other, If other who? _____

As a Parent, you will be required to participate in some league activities. Please check which activities you will be willing to assist: __ Manager __ Coach __ Team Parent __ Game Day Help __ Field Setup __ Score Keeper __ Field/Equipment Maintenance

Only applies to League Play	Uniform	Size	Issued	Mandatory Fundraiser
	Shirt			Applebee's or Double Good Fundraiser - TBD
	Cap			
	Socks			

Please complete other side Page 1 of 2

For Office Use Only: Team Name: _____
 Coach Name: _____

Liability Wavier: I, the parent/legal guardian of the above child, hereby give permission for him/her to participate in any and all baseball and related activities during the current season. I assume all risk of hazards incidental to such activities. I hereby release, waive, and hold harmless the Archdiocese of Galveston-Houston, St. Monica Catholic Church, St. Monica Youth Sports Ministry, its respective organizers, directors, coaches, and all volunteers from any claims arising out of any injury or damages incurred during or en route to such activity.

! Parent/Guardian Initials:

Medical Authorization Form: I, the parent/legal guardian of the above child, in the event of my absence, do hereby give my permission to the Archdiocese of Galveston-Houston, St. Monica Catholic Church, St. Monica Youth Sports Ministry, its respective organizers, directors, coaches, and all volunteers to authorize any medical attention required when an injury has incurred to my child.

! Parent/Guardian Initials:

Sponsorship: Each team is responsible for a \$300 sponsorship, and I understand that the success of the program is based on sponsorship. I agree to distribute the sponsorship letter to businesses to obtain funds for the program.

! Parent/Guardian Initials:

Submitting this document guarantees that all of the information above is true and accurate. This document also binds you for any and all liability as a result of submitting false information to SMYSM. Notify St. Monica Youth Sports Ministry in writing if any information on this form changes during the current season year that this document was signed. Failure to comply with league procedures or policies will result in penalties to all parties involved including but not limited to immediate expulsion from any league play. Failure to comply with this agreement will also result in your personal liability for any and all legal expenses or personal expenses incurred by SMYSM and any of its officers, clubs, or members. Any and all program developments while participating with St. Monica Youth Sports Ministry Baseball League, are the sole property of the organization with all rights reserved.

! Parent/Guardian Initials:

Signature: _____ Date: _____