



YORK REGION MEN'S BASEBALL LEAGUE  
Player Waiver Form

NAME: \_\_\_\_\_  
(Print First AND Last name clearly)

ADDRESS: \_\_\_\_\_  
(Print FULL mailing address)

HOME PHONE: \_\_\_\_\_ BUSINESS: \_\_\_\_\_ CELL: \_\_\_\_\_  
(Provide at least one phone number)

E-MAIL ADDRESS: \_\_\_\_\_

BIRTHDATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE: \_\_\_\_\_

EMERGENCY CONTACT PERSON: \_\_\_\_\_

EMERGENCY CONTACT PHONE #: \_\_\_\_\_

**\*\*\* Waiver form must be signed and returned to the league before the start of the season.**

**\*\*\*Players under the age of 25 may be required to present valid photo identification along with this waiver form.**

I, \_\_\_\_\_ hereby understand and will abide to all York Region Men's Baseball League rules and regulations. Should I become injured during the year, I will not hold the YRMBL or any affiliate association responsible in any way, nor will any of the fees I have paid be returned to me as a result of injury, illness, lack of attendance/leaving the league during the season or fielding a non-preferred position for the betterment of the team. I hereby understand that fighting, physical abuse of players, umpires or spectators, the use of abusive or offensive language, the abuse of any facility used by our league, the use of alcohol or drugs during any game will not be tolerated by the YRMBL and any violation could result in my banishment or suspension from the league and forfeiture of all fees paid.

\_\_\_\_\_  
**Player Signature**

\_\_\_\_\_  
**Date**