

TENNESSEE YOUTH BASEBALL ASSOCIATION  
COACH-PITCH/KID-PITCH  
ELIGIBILITY AFFIDAVIT

**COACH-PITCH**  
5&6 OPEN \_\_\_\_\_  
SUPER SEVEN OPEN \_\_\_\_\_  
7&8 OPEN \_\_\_\_\_  
5&6 LEAGUE \_\_\_\_\_  
7&8 LEAGUE \_\_\_\_\_  
8 UNDER GIRLS \_\_\_\_\_

**GIRLS  
FAST-PITCH**  
10-UNDER \_\_\_\_\_  
12-UNDER \_\_\_\_\_  
14-UNDER \_\_\_\_\_

**KID-PITCH**  
9&10 OPEN \_\_\_\_\_  
11&12 OPEN \_\_\_\_\_  
13&14 OPEN \_\_\_\_\_  
9&10 LEAGUE \_\_\_\_\_  
11&12 LEAGUE \_\_\_\_\_  
13&14 LEAGUE \_\_\_\_\_

TEAM NAME \_\_\_\_\_ YEAR -- 20 \_\_\_\_\_

CITY/STATE \_\_\_\_\_

Name of Player	DOB	Authorized Signature	Relationship
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

Signing this roster, parent or guardian agrees to the statement and verifies that the DOB is correct.

Parent or Legal Guardians  
Agreement and Permission  
to Participate

I, parent or guardian of the below named player, do hereby, in consideration of permitting said player to participate in the Youth Program of the T.Y. B.A., do hereby, for myself, my heirs, executors and administrators, waive and release any and all rights and claims that I might have against the T.Y.B.A., the local, metro and state associations, its sponsors, their agents or representatives, for any and all injuries or losses suffered by said player while competing in or in connection with the play or T.Y.B.A., and hereby contract and agree to hold the T.Y.B.A. harmless and to indemnify it from and on account of any damage suffered or sustained by T.Y.B.A. by reason of said player being injured.

I also give permission for my child to be photographed with the understanding that these photos may be used in the program book and on the website.

**TEAM MANAGER'S AFFIDAVIT**

I, the manager of the above team, do hereby state that all of the information supplied above is correct to the best of my knowledge and that all the parents or guardians signed the above in their own handwriting. I further agree that such player is eligible to compete with my team in the T.Y.B.A. Youth Program in accordance with the T.Y.B.A. rules governing youth play.

Manager Name (print)	Signature	
Address	Home #	Cell #
City, State, Zip	E-mail Address	

**FOR SANCTIONED LEAGUE TEAMS**  
\*\*\*\*\*ONLY\*\*\*\*\*

I, the president of the \_\_\_\_\_ league, do hereby agree that this team has played in this league and is eligible to participate in any T.Y.B.A. sanctioned league team event.

\_\_\_\_\_  
T.Y.B.A. League President

**"MAKING STARS FOR THE FUTURE"**

Tennessee Youth Baseball Association  
P. O. Box 2639  
Murfreesboro, TN 37133-2639  
615-890-9382  
[www.tybaball.com](http://www.tybaball.com)  
Coach-Pitch/ Kid-Pitch

White copy -- TYBA  
Yellow copy -- Coach