

**TENNESSEE YOUTH BASEBALL ASSOCIATION**

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**PLAYER DISABILITY REPORT**

The information contained in these documents is confidential, privileged and for Office Use only by T.Y.B.A. Staff.

COMMUNITY : \_\_\_\_\_ DATE: \_\_\_\_\_

PLAYER'S NAME: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

PARENTS NAMES: \_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_ COACH'S NAME: \_\_\_\_\_

AGE DIVISION: \_\_\_\_\_ TEAM NAME: \_\_\_\_\_

The Child's Illnesses, Injuries, or Conditions: ( Please attach other paper if needed to explain )

DEAF - BLINDNESS - HEARING LOSS	LEARNING DISABILITIES	CEREBRAL PALSY	EPILEPSY
DEVELOPMENTAL DELAY	DOWN SYNDROME	TRAUMATIC BRAIN INJURY	SPINAL BIFIDA
SPEECH & LANGUAGE IMPAIRMENTS	SEVERE / MULTIPLE DISABILITIES	ADD / ADHD / PDD	COGNITIVE DISABILITIES
INTELLECTUAL DISABILITY	EMOTIONAL DISTURBANCE	AUTISM SPECTRUM DISORDERS	
EMOTIONAL / BEHAVIORAL DISORDERS	PHYSICAL DISABILITIES ( WHEELCHAIRS, CRUTCHES,WALKERS,LEG/ARM BRACES )		
OTHER: _____ When did the child become disabled? _____.			

How does their Illness, Injuries, Condition, affect HIM / HER ? \_\_\_\_\_

Does the player require Assistance to participate in the game? \_\_\_\_\_

What kind of Assistance will be needed? \_\_\_\_\_.

\_\_\_\_\_  
Parents Signature

\_\_\_\_\_  
League President Signature