

**WOODBURY YOUTH ATHLETIC LEAGUE (W.Y.A.L.)
TRAVELING BASEBALL/SOFTBALL/BASKETBALL
(Players must have an evaluation to participate on a W.Y.A.L. team)**

EVALUATION FEE: \$ 45.00

Cash Check # _____

PARTICIPANT INFORMATION:

_____ (First Name)	_____ (Middle Name)	_____ (Last Name)	
_____ (Street Address)	_____ (Phone)	_____ (Email Address)	
_____ (City)	_____ (Zip Code)	_____ (Parents / Guardian Name)	
<input type="checkbox"/> Male <input type="checkbox"/> Female			
_____ (Age)	_____ (Birth Date)	_____ (Grade)	_____ (School)

IN CASE OF EMERGENCIES, CONTACT:

_____ (Name)	_____ (Home Phone)	_____ (Work Phone)
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PARENT PERMISSION AND RELEASE FORM:

I have reviewed the concussion information provided by the Woodbury Youth Athletic League (WYAL) as required by Minnesota law (SF 612). This information is also available on the WYAL website at: www.wyal.us I hereby release and forever discharge the Woodbury Youth Athletic League (WYAL) and/or its members and/or the coaches or other instructional personnel from any and all actions, causes of actions, claims and demands for, upon, or by reason of any damage, loss or injury of any nature whatsoever which may be sustained by me and/or my child as a consequence of my or his/her participation in the program.

_____ (Participant Signature)	_____ (Date)
_____ (Parent/Guardian Signature)	_____ (Date)

PROGRAM SUPPORT/PARTICIPATION: Please contact me about:

- Coaching Equipment Management Fund Raising Tournaments
 Other _____

Please bring your completed form to the evaluation. The fee is payable at the evaluation.

Copy Distribution: W.Y.A.L. - white Parent – yellow