

REQUEST FOR PLAYER TO PLAY-UP OR DOWN EASTMONT YOUTH BASEBALL

Print Name of Player/Participant: _____ Birth date: _____

Desired Play-Up or Down Division: _____

I/We _____, parent(s) or legal guardian of

_____ request that he/she be permitted to Play-Up/Down to the next age Division as defined by Eastmont Youth Baseball (EYB).

I understand that requesting to have my child play-up/down does not guarantee the ability to make a team and understand that even if a player makes a play-up/down team, EYB reserves the right to reverse that decision for any reason at any time. The EYB Board of Directors will determine if/when the child is able to play-up/down based on a variety of considerations, including but not limited to: physical ability, skill, age, experience, coach-ability, team size and team dynamics.

I understand that the EYB recommends that players stay in the age groupings defined by Cal Ripken Baseball as appropriate for their birth year. I understand and appreciate that in playing-up, the risk of injury may be greater.

Please provide justification for requesting your child to play-up/down.

_____ _____ _____ _____ _____ _____
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By my child's participating, I KNOWINGLY ASSUME ALL SUCH RISKS, both known and unknown. Further, I agree to indemnify and hold EYB, and Cal Ripken Baseball, harmless from any and all liability, loss, expense, or claims for injury or damages caused as a result of my request.

I understand and agree to accept these conditions of participation. By submitting this request you also acknowledge your son/daughter still needs to be evaluated to Play-Up. There are no guarantees.

Player Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Email signed scanned copy to: eastmontyb@gmail.com