



**Cypress Youth Baseball  
2026 Pool Player Request Form**

To reduce the likelihood of possible game forfeitures, CYB allows a team manager to request one or more pool players from the Division immediately below, if the team will have **9 or fewer** players available to play. **Complete this form if in order to request that your child be approved as an official "Pool Player" for the 2026 Season.**

I, the undersigned parent of Cypress Youth Baseball player \_\_\_\_\_  
print child's first and last name  
 request that my child be considered as a pool player for the \_\_\_\_\_  
division above your current level  
 division for the 2026 Season. If approved by my team manager and Division commissioner, I understand that the following guidelines apply to pool player participation:

**If contacted, Pool players may not accept an invitation to play if it will result in a conflict with a scheduled game for that player's regular team.**

- Pool players must only play outfield positions and bat at the end of the line-up after all regular members of the team.
- Pool players must play the minimum number of defensive innings required.
- Pool players must start the game and play the required innings before a substitution can be made.
- My team manager and the Division Commissioner must both support this request under the premise that my child is able to demonstrate sufficient baseball skills to participate at the level indicated above.
- Pool players that accept an invite to play and arrive for a game, **must** be allowed to participate in the game even if the requesting team subsequently has 10 or more players arrive for the game.

Parent Printed Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Submit Completed form to your Team Manager**

**Team Manager Certification/Acknowledgement**

As team manager, I approve this pool player request and confirm that the named player is able to demonstrate sufficient baseball skills to participate at the CYB level indicated above.

Team Manager Name: \_\_\_\_\_ Team: \_\_\_\_\_

Team Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Division Commissioner Approval**

As Division Commissioner, I support this pool player request and confirm that the named player is able to demonstrate sufficient baseball skills to participate at the CYB level indicated above.

Commissioner Name: \_\_\_\_\_

Commissioner Signature: \_\_\_\_\_ Date: \_\_\_\_\_