



Wakulla County Youth Baseball Association Athletic Fee Waiver Application



Youth participating in the Wakulla County Youth Baseball Association may qualify for waived registration fees.

- Families experiencing a special financial hardship may request a waiver by completing this application and submitting to the WCYBA Board of Officers at wakullacalripenleague@gmail.com.

Please complete the information below:

Player Name: _____

Division: Major Minor

Player Date of Birth: _____ Age: _____

Statement of Circumstances

Parent/Guardian Signature: _____ Date: _____

I hereby apply for a waiver of the WCVYBA athletic participation fee and affirm that the information provided is accurate.

Please complete the information below.

Player Name (First, M., Last): _____

Address: _____

Pant Size: _____ Jersey Size: _____

Jersey # choice 1: _____

Jersey # choice 2: _____

Jersey # choice 3: _____

Guardian First Name: _____ Guardian Last Name: _____

Cell Phone #: _____ Home Phone #: _____

Email: _____

Guardian2 First Name: _____ Guardian2 Last Name: _____

Cell Phone #: _____ Home Phone #: _____

Email: _____

Primary Emergency Contact Name: _____ Phone #: _____

Relationship to Player: _____

Secondary Emergency Contact Name: _____ Phone #: _____

Relationship to Player: _____

Physician's Name: _____ Phone #: _____

Medical Insurance Company: _____ Policy #: _____

Medical Insurance Policy Holder: _____ Group #: _____

Does the player have any allergies that we need to be aware of? YES NO

If Yes, please explain: _____

Please choose one of the following evaluation dates:

Saturday, January 14- Minors: 9:30-11am; Majors 11am-12:30pm

Tuesday, January 17- : Minors 6-7pm; Majors 7-8pm

Saturday, January 21- Minors: 9:30-11am; Majors 11am-12:30pm