



Baseball/Softball Registration \_\_\_\_\_ Season

**Player's Information :**

Player's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Uniform Shirt Size (circle one)    YS    YM    YL    YXL    AS    AM    AL    A2XL

Uniform Pant Size (circle one)    YS    YM    YL    YXL    AS    AM    AL    AXL    A2XL

My Child Last Played At: \_\_\_\_\_ Jersey # (options) \_\_\_\_\_

**League Placement:**

**Baseball:** (circle one)    Tee Ball    Rookie 8U    Minors 10U    Majors 12U    Junior 15U

**Softball:** (circle one)    Rookie 8U    Minors 10U    Majors 12U    Junior 14U    Senior 16U

Child's League Age **Baseball** (as of 4/30/2017) \_\_\_\_\_ **Softball** (as of 1/1/2017) \_\_\_\_\_

**Parent/Guardian Information:**

Parent Name(s): \_\_\_\_\_

Street Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Dad's Cell: \_\_\_\_\_ Mom's Cell: \_\_\_\_\_

Email (required): \_\_\_\_\_

**Oakleaf Sports Association Liability Waiver:**

We, the parents/legal guardians of the above named child, who is a candidate for the baseball/softball programs governed by Oakleaf Sports Association, Inc., hereby give our consent for our child's participation in all activities associated with said program. In consideration of registration, we agree to release and waive Oakleaf Sports Association, Inc., all agents, directors, officers, sponsors, or its employees, of any expenses arising from personal injury, no matter how serious, which may occur as a result of participation in the Association's activities. We understand that as a parents or legal guardians, it is our obligation to provide appropriate medical insurance for our child. It is also our responsibility to inform the team manager of any limitations or illness that would restrict full participation in any activities required. Along with registering my child to participate in recreational sports, we understand the responsibility of volunteering. By my signature above, we agree to participate in fund raising, field world days, & concession stand duties as requested by our team. **A minimum of 4 hours of volunteer time in the concession stand and \$50 fundraising efforts** are required as part of the registration.

**NOTE: NO REFUNDS AFTER DRAFT!**

I have been given and have read the Parent Behavior Form. We confirm that we will abide by these guidelines.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>Internal Park Use Only</b>	
Birth Cert: Provided _____	On File _____
Medical Release Completed Yes _____	No _____
Registration Fee Pad \$ _____	Paid by: Cash _____
Check # _____	OSA Res \$10 disc
MPlayer \$5 disc	
Registration Fees: <b>TE Ball (\$135) Rookie/Minors/Majors (\$155) Juniors/Senior (\$165)</b>	
League Age _____	Requests _____