register online at opll.org

MAIL FORM TO:
Orchard Park Little League
PO Box 201
Orchard Park, NY 14127

LITTLE LEAGUE OF ORCHARD PARK - 2011

Tee Ball Baseball Softball

REGISTRATION PROCEDURES

Step 1. **Complete** this form for **EACH PLAYER** you are registering.
Step 2. **Proceed** to **VOLUNTEER** table. Volunteer for 1st and 2nd choice.
Step 3. Proceed to **CASHIER** table to pay for registration fee.
Step 4. If you are sponsoring a team proceed to **SPONSORS** table.
Step 5. Proceed to **COMMISSIONERS** table to register player in appropriate age for TeeBall, Baseball or Softball.

DID YOU PLAY FOR ORCHARD PARK LAST YEAR? ☐ YES ☐ NO IF YES, CHECK HERE IF YOUR ADDRESS, PHONE, ETC. HAS CHANGED ☐ YES

Players Last Name_____ First Name_____ ☐ Male ☐ Female

Street Address _____

City _____ State _____ Zip _____ Date of Birth ____/____/____

Current School _____ Grade _____ If T-Ball - Current Teachers name _____

☐ TeeBall Age as of 04/30/11_____ ☐ Baseball Age as of 04/30/11_____ ☐ Softball Age as of 01/01/11 _____

Mom's Name_____ Dad's Name_____

Primary Phone _____ Secondary Phone _____ Emergency Phone _____

Primary E-mail Address ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Secondary E-mail Address ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

List any health issue the league should know about: _____

_____

Other activities/Scheduling Conflicts: (e.g., Hockey, Soccer, --) _____

_____

Orchard Park Little League Waiver

I/We, the parent(s) or legal guardian(s) of the above named candidate for a position in The Little League of Orchard Park, hereby give my/our permission to participate in any and all Orchard Park Little League activities, including transportation to and from activities.

I/We know that participation in teeball, baseball or softball activities may result in serious injuries or death and protective equipment does not prevent all injuries to players and do hereby waive, release, absolve, indemnify and agree to hold harmless The Little League of Orchard Park and Orchard Park Little League or its successors, other league affiliations, the organizers, sponsors, supervisors, managers, coaches, participants and persons transporting my child to and from activities for any and all claims arising out of any injury to my/our child whether the result of negligence or for any other cause.

I/We agree to return upon request the equipment issued to us and my/our child in as good condition as when it was received except for normal wear and tear,

I/We will furnish a certified birth certificate of the above named candidate to the League upon request.

Parent or Guardian's Signature:_____

WOULD YOU BE INTERESTED IN SPONSORING A TEAM? YES ☐ NO ☐

Volunteer Needs

Coaching: ☐ **Team Manager** ☐ **Asst Coach**
Experience: ☐ Baseball ☐ Softball Age Group: 5-6 7-8 9-10 11-12 13-15 16-18

Other: ☐ Cleanup Day ☐ Opening Day
☐ Picture Day ☐ Trophy Day

FOR LEAGUE USE ONLY

Verify Address, Phone, Etc. _____

New Players Birth Certificate _____

Player Tryout#_____

Registration Fee		
	1-player	$ 100.00
	2-players	$ 200.00
	3-players	$ 275.00
	4 or more	$ 325.00

TOTAL AMOUNT PAID