LITTLE LEAGUE OF ORCHARD PARK - 2008

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 4/30/08_____ ☐ Baseball Age as of 4/30/08_____ ☐ Softball Age as of 1/1/08_____

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 (March 29th) ☐ Opening Day (May 3rd)
☐ Picture Day (May 10th) ☐ Trophy Day (End of July)

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