



PLAYER REGISTRATION FORM - Little League Baseball
 Oak Ridge Little League, P.O. Box 23944, San Jose, CA 95153
 Tel: (408) 450-1969 email: playeragent@orll.org
 Website: **WWW.ORLL.ORG**

League Use Only
Try-Out # _____

Player Name: _____
 Address: _____
 City, State, Zip: _____
 Home Phone #: _____

Date of Birth: _____ Age on April 30 _____
 Male Female New Returning
 Prev. Level Played _____ Team _____
 E-Mail: _____
 School Attending _____

Player Shirt Size: Youth S M L XL Adult S M L XL

#1 Father Mother Step-Parent Legal Guardian

Name: _____
Work#: _____ Cell#: _____
Volunteer Information (Must fill out volunteer application)
<input type="checkbox"/> Manager <input type="checkbox"/> Coach <input type="checkbox"/> Team Coordinator <input type="checkbox"/> Snack Shack
<input type="checkbox"/> Umpire <input type="checkbox"/> Score Keeper <input type="checkbox"/> Board Member

#2 Father Mother Step-Parent Legal Guardian

Name: _____
Work#: _____ Cell#: _____
Volunteer Information (Must fill out volunteer application)
<input type="checkbox"/> Manager <input type="checkbox"/> Coach <input type="checkbox"/> Team Parent <input type="checkbox"/> Snack Shack
<input type="checkbox"/> Umpire <input type="checkbox"/> Score Keeper <input type="checkbox"/> Board Member

Level of Play (choose one)	Fees
<input type="checkbox"/> Challenger	\$25.00
<input type="checkbox"/> T-Ball 5 - 7 yr olds	\$65.00
<input type="checkbox"/> Rookie 7 - 9 yr olds	\$105.00
<input type="checkbox"/> AAA 8 - 12 yrs - MUST attend try-outs	\$105.00
<input type="checkbox"/> Majors 9 - 12 yr olds (returning ONLY)	\$105.00
<input type="checkbox"/> Jrs 13 - 14 yr olds	\$115.00
<input type="checkbox"/> Fundraiser	\$ 65.00
<input type="checkbox"/> Buy-Out must choose one	\$ 50.00
<input type="checkbox"/> Multiple Child/Family Discount	(\$10.00)
<input type="checkbox"/> Early Bird Discount	(\$10.00)
MUST register & PAY before Dec 31st	
Make checks payable to: ORLL	Total \$
League Use Only	
<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Cash/Money Order
<input type="checkbox"/> Address Verification Rec'd	<input type="checkbox"/> Check No. _____

PLEASE READ

I/We the parents of the above named player hereby give my/our approval to participate in any and all league activities during the current season, including transportation to/from the activities. I/We know the participation in baseball may result in serious injuries and protective equipment does not prevent all injuries to players and do hereby waive, release, absolve, indemnify and agree to hold harmless ORLL, the organizers, sponsors, supervisors, participants, and persons transporting my/our child to/from activities for any claim arising out of any injury to my/our child whether the result of negligence or for any other cause, except to the extent and in the amount covered by accidental or liability insurance. I/We agree to provide proof of legal residence (as defined by Little League Baseball, Inc.) and age. I/We do hereby request admittance as a member in ORLL. I/We understand that any adult actively interested in furthering the objectives of little league may become a regular member and upon acceptance by the board of directors, is entitled to vote at the annual meeting of the membership. I/We agree to abide by all provisions and conditions of the ORLL constitution and bylaws in addition to the rules and regulations of ORLL, which are in effect during the current season and are available on our website. I/We agree to perform a minimum of five (5) hours of volunteer league work (i.e. snack shack, umpiring, field maintenance, team parent, etc) and also participate in the league fundraisers.

NO refund of the registration fee will be made after the player's first team practice.

 Parent/Guardian Initials & Date

 ORLL Rep. Initials & Date



Little League Baseball Medical Release

Note: To be carried by all Regular Season and Tournament Team Manager together with team roster or eligibility affidavit.

Insurance Name: _____

Policy Number: _____

Parent or Guardian Authorization:

In case of emergency, if family physician cannot be reached, I/We hereby authorize my/our child to be treated by Certified Emergency Personnel.
(i.e. EMT, First Response, Emergency Room Physician)

Family Physician: _____

Phone: _____

Address: _____

Hospital Preference: _____

In case of emergency contact:

Name _____ Phone _____ Relationship to player _____

Name _____ Phone _____ Relationship to player _____

Please list any allergies/medical problems, including those requiring maintenance medication (i.e. Diabetic, Asthma, Seizure Disorder)

Medical Diagnosis	Medications	Dosage	Frequency of Dosage

The purpose of the above listed information is to ensure that medical personnel have details of any medical problems, which may interfere with or alter treatment.

Approximate date of last Tetanus Toxoid Booster: _____
Month/Year

OR within last 5 years **YES**

Mr./Mrs./Ms. _____ Date signed: _____

WARNING: Protective equipment cannot prevent all injuries a player might receive while participating in Baseball/Softball.