



Oak Ridge Little League Baseball & Softball
 PO Box 23944* San Jose, CA *95153
 Player Registration Form
 Tel: (408) 450-1969

League Use Only

Try-Out # _____

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

Date of Birth: _____
 Baseball: Age as of April 30, 2009 _____
 Softball: Age as of Dec 31, 2008 _____
 Male Female New Returning
 Prev. Level Played _____ Team _____

Player Shirt Size: Youth S M L XL
 Adult S M L XL
 #1 Father Mother Step-Parent Legal Guardian

School Attending _____

Name: _____
 Occupation: _____ Employer: _____
 Work# _____ Cell# _____
Volunteer Information (Must check one)
 Manager Coach Fields Committee
 Special Events Committee Opening Day Committee

#2 Father Mother Step-Parent Legal Guardian
 Name: _____
 Occupation: _____ Employer: _____
 Work# _____ Cell# _____
Volunteer Information (Must check one)
 Manager Coach Fields Committee
 Special Events Committee Opening Day Committee

Level of Play (choose one)	Fees	Totals
<input type="checkbox"/> Challenger	\$ 25.00	\$
BASEBALL		
<input type="checkbox"/> T-Ball 5 - 7 yr olds	\$120.00	must attend try-outs
<input type="checkbox"/> Rookie 7 - 9 yr olds	\$160.00	
<input type="checkbox"/> AAA 9 - 11 yr olds	\$160.00	
<input type="checkbox"/> Majors 10 - 12 yr olds	\$160.00	
<input type="checkbox"/> Juniors 13-14 yr olds	\$170.00	
<input type="checkbox"/> Seniors 15-16 yr olds	\$170.00	
<input type="checkbox"/> Bigs 17-18yr olds	\$180.00	
SOFTBALL		
<input type="checkbox"/> Minors 8 - 10 yr olds	\$160.00	
<input type="checkbox"/> Majors 10 - 12 yr olds	\$160.00	
<input type="checkbox"/> Jr./Sr. 13 - 16 yr olds	\$170.00	\$
<input type="checkbox"/> Early Registration Discount	(\$10.00)	\$
MUST register & PAY before Dec 31st		
Make checks payable to: ORLL		
Total Due:		\$
<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Cash/Money Order	
<input type="checkbox"/> Address Verification Rec'd	<input type="checkbox"/> Check No.	

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. 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. They are also available on our website.

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.