

Oak Ridge Little League Baseball/Softball  
2011 Fall Program Registration Form

Amt pd: \_\_\_\_\_  
Cash: \_\_\_\_\_  
ck #: \_\_\_\_\_

Player Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Player Shirt Size: Youth S M L Adult S M L XL (Please circle your choice)

Cost: \$65.00

TBall Division: 6 & Under

Farm Division: 8 & Under

Minor Division: 10 & Under

Major Division: 12 & Under

Jr/Sr Division: 15 & Under

Parent/Guardian Information (PLEASE PRINT)

Father: \_\_\_\_\_ email: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Mother: \_\_\_\_\_ email: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Medical Release

In case of emergency, if family physician cannot be reached, I/We hereby authorize my/our child to be treated by Certified Emergency Personnel (ie EMT, First Responder, ED physician)

Name of Insurance Plan: \_\_\_\_\_ Policy number: \_\_\_\_\_

Medical Conditions we need to be aware of: \_\_\_\_\_

Maintenance Medications (include dosage): \_\_\_\_\_

I/We the parents/guardian of the above named player hereby give my/our permission to participate in all Little League activities. WE assume all risks and hazards incidental to such participation including transportation to and from the activities and I/We hereby waive, release, absolve indemnify and agree to hold harmless the local Little League, Little League Baseball, Inc, the organizers, sponsors, supervisors, participants and person transporting my/our child to and from activities, for any claim arising out of an injury to my/our child, whether the results of negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_