

Ottawa County Youth Baseball League

Youth Baseball Sign up Form

\$40.00
Ages 3 - 6

\$50.00
Ages 7 - 12

Paid:
 Cash
 Check
 Check # _____
 Credit Card

PLEASE PRINT ALL INFORMATION

_____ (M / F) Birth Date: ____/____/____
 (PLAYER NAME)

Child Age As Of April 30

Write in age: _____

Head Coach

Assistant Coach

(Coaches must fill out separate League Volunteer Application and pass a background check)

SIZES	
SHIRT	_____
PANT	_____
HAT:	<input type="checkbox"/> Youth <input type="checkbox"/> Adult
SOCKS:	<input type="checkbox"/> 7-9 <input type="checkbox"/> 9-11

(STREET ADDRESS) _____
 (CITY) _____ (STATE) _____ (ZIP) _____

I/We, the parents of the above named candidate for position on and OTTAWA COUNTY YOUTH BASEBALL LEAGUE team, hereby give my/our approval to participate in all activities, including transportation to and from activities.

I/We know that participation in baseball may result in serious injuries and protective equipment does not prevent all injuries to players, and hereby waive, release, absolve, indemnify and agree to hold harmless the local league, USSSA, the organization, sponsors, supervisors, participants and persons transporting my/our child to and from activities for and claim arising out of any 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.

I/We agree to return upon request the uniform and other equipment issued to my/our child in as good a condition as when received except normal wear and tear.

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

I/We give permission for OCYB to use my child's picture in website.

Phone Numbers:

 (Parent or Guardian) Date

Home # ____/____/____

Work # ____/____/____

Cell # ____/____/____

 (Parent or Guardian) Date

E-mail _____

Pre-Existing Medical Conditions: Yes ___ No ___

If Yes Describe: _____

Insurance (Name): _____

Does your child have an Indian Card?: Yes ___ No ___ Tribe: _____

School/Daycare Name: _____

Special Needs: _____

Special Arrangements, (i.e. twins, travel, etc.): _____

T-Ball Coach/Team: _____

- Tryouts (at Civic Center):
 Tues. March 6
 6:00 pm...9 & 10 yr. olds
 Thur. March 8
 6:00 pm...11 & 12 yr. olds
- Coach Pitch 7-8 y/o teams drafted
 Tues. March 6 at 6:30
- Teams can begin Practice
 Sunday, April 1st
- Opening Day
 May 1 at noon