

Orange Park Athletic Association

Baseball/Softball Registration

Player's Information: Last Name _____ First Name _____ DOB _____
Street Address _____ City _____ State _____ Zip Code _____
Home Phone _____ eMail Address _____
Uniform Shirt Size (Circle One) YS YM YL YXL AS AM AL AXL
Uniform Pant Size (Circle One) YS YM YL YXL AS AM AL AXL **No Pants Provided in the Fall**
Uniform # Request (no guarantees, list several if desired): _____

League Placement: (For Softball: Child's age as of 12/31, For Baseball: Child's age as of 4/30)

We request, respective of age requirements, (Circle One)

Softball: 8&U SB (\$110) 10&U SB (\$125) 12&U SB (\$125) 14&U SB (\$125) 16&U SB (\$150)

Baseball: Non-Comp. T-Ball (\$100) Comp. T-Ball (\$100) 8&U BB (\$110) 10&U BB (\$125) 12&U BB (\$125) 15&U BB (\$125)

Parent/Guardian Information:

Names _____ Home Phone _____ Cell Phone _____
Street Address _____ City _____ State _____ Zip Code _____
Primary eMail Address _____ Additional eMail Address _____

Comments for Coach (Information related to the player or availability that you would like to share; please note; not all requests can be accommodated):

OPAA Liability Waiver

I, as the parent/legal guardian of the above named child, who is a candidate for the baseball/softball program governed by Orange Park Athletic Association, Inc., hereby give my/our consent for our child's participation in all activities associated with said program. In consideration of registration, we agree to release and waive Orange Park Athletic Association, Inc., all agents, directors, officers, sponsors, or its employees of any expenses arising from personal injury, no matter how serious, which my occur as a result of participation in the Association's activities. I understand that as a parent or legal guardian it is my obligation to provide appropriate medical insurance for said child. It is also my responsibility to inform the team manager of any limitations or illness which would restrict full participation in any activities required.

Volunteer Agreement

I have been given and have read the Volunteer Information Sheet. I understand that, as part of my registration, I agree to participate in fund raising, field work days, and concession stand duties as requested. A minimum of four hours of volunteer time is required as part of registration.

Behavior Agreement

I have been given and have read the Behavior Form. I confirm that I will abide by these guidelines and ensure that my child does also.

Parent/Guardian Signature _____ Date _____

Registration Cost _____ Discounts (\$5 per sibling) (_____)

If you would be interested in making a donation to help fund our Buddy Ball Program or our Scholarship Program, Please enter the amount of your donation. _____

TOTAL COST: _____

OPAA Use Only

Birth Certificate: Provided _____ On File _____ League Age: _____ Initials _____

Registration fee amount \$ _____ Paid by: Cash _____ Check # _____

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Medical Release/Authorization For Participation

Parent or Guardian's Consent For Medical Treatment

In case of emergency, if family physician cannot be reached, I hereby authorize:

PLAYER'S NAME	DATE OF BIRTH

to be treated by another qualified, licensed physician and/or medical facility which is available. This consent includes, but is not limited to, the administration of anesthetics and medication and/or the performance of such medical and/or surgical procedures deemed necessary.

FAMILY PHYSICIAN'S NAME & PHONE:	PHYSICIAN'S ADDRESS:
Orange Park Pediatrics 269-2140	2140 Smith Street, Orange Park, FL
ALLERGIES:	
DATE OF LAST TETANUS BOOSTER:	
HEALTH PROBLEMS:	
RESTRICTIONS:	

Consent is given to release information for insurance purposes and I authorize third party to directly request insurance benefits due me for services rendered at the treating facility.

PARENT/GUARDIAN SIGNATURE:
ADDRESS:
INSURANCE COMPANY:
POLICY/PLAN#:
POLICY HOLDER'S NAME:

WARNING AKNOWLEDGEMENT AND PARENT/GUARDIAN AUTHORIZATION:

I realize that participation in Baseball/Softball/Football/Cheerleading/Flag Football may result in serious injuries to my child. Protective equipment cannot prevent all injuries to players. By signing below, I hereby authorize the above named player to participate and also consent to the emergency medical treatment conditions listed above.

SIGNATURE:	DATE:
HOME PHONE:	CELL/ALT PHONE:

State of FLORIDA, County of _____

Sworn to and subscribed before me this _____ day of _____, 20_____.

Identification Presented: _____

Personally Known _____

Notary Public, State of Florida

Note: To be carried by team manager to all team events