



**Orange Park Athletic Association Baseball / Softball Registration**



Player Last Name: \_\_\_\_\_ First \_\_\_\_\_ DOB \_\_\_\_\_ M/F \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home #: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_

Email Addr: \_\_\_\_\_ (Please Print Clearly)

Cell #'s : \_\_\_\_\_

Shirt Size:    YS    YM    YL    YXL    AS    AM    AL    AXL    **Shirt Number:** \_\_\_\_\_

Pants Size:    YS    YM    YL    YXL    AS    AM    AL    AXL    (please provide 3 in the order you would like)

League Placement: \_\_\_\_\_

Non-Comp T-Ball (\$75)      8U Baseball / 8U Softball (\$110)      12U Baseball/ 12U Softball (\$125)      15U Baseball (\$150)

Comp T-Ball (\$80)      10U Baseball / 10U Softball (\$125)      14U Softball (\$125)      16U Softball (\$150)

\*Note: Non-Comp T-Ball ages 4-5      Comp T-Ball ages 5-6

Init: \_\_\_\_\_ **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 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 may 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.**

Init: \_\_\_\_\_ **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. I commit to a minimum of 4 (four) hours of required volunteer time as part of this registration.

Init: \_\_\_\_\_ **Sponsorship Requirement:**

I understand that each team is required to raise \$500 in sponsor funds. If this amount is not raised by Opening Day, I understand and agree that I will be responsible for 1/12 (or the number of players on team) of the remaining balance.

Init: \_\_\_\_\_ **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

Parents Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OPAA Use Only**

Discount(s) (\$5 per sibling) \$ \_\_\_\_\_ Sibling(s) Names 1) \_\_\_\_\_ 2) \_\_\_\_\_

Total Registration Fee Amount \$ \_\_\_\_\_ League Age: \_\_\_\_\_ OPAA Rep Name (Print) \_\_\_\_\_

Payment type:    Cash    Check# \_\_\_\_\_    Credit Card# \_\_\_\_\_    Receipt# \_\_\_\_\_