

Application to Play Oglesby Boys Baseball

League ID: 113-20-05

Player's Name _____ Birthday _____ Age on 4/30/12 _____

Address _____ City _____ Phone _____

Cell Number _____ Email address _____ Gender M / F

Shirt size (circle one) YOUTH... small (6-8) medium (10-12) large (14-16)

ADULT... Small Medium Large XL XXL XXXL

Pants waist size in inches (not needed for T-Ball) _____

T-BALL: Age 5-6 on 4/30/12 FEE \$30 +\$35 (no coupon books)= \$65 OR FEE \$30 +\$40 (get 10 coupon books)= \$70

Circle league: Instructional(Age 7-8 on 4/30/12) Minor(Age 9-10 on 4/30/12) Little (Age 11-12 on 4/30/12)

Choose payment option: FEE \$55 + \$35 (no books)=\$90 OR FEE \$55 + \$40 (10- \$5 coupon books to sell)=\$95

Circle league: Junior League (Age 13-14 on 4/30/12) Senior League (Age 15-16 on 4/30/12) **TOTAL FEE IS \$100**

I/We, the parents of the above named candidates for a position on a Little League team, hereby give my permission to participate in any and all Little League activities, including transportation to and from activities.

I/We know that participation in baseball or softball 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 the local Little League, Little League Baseball Incorporated, the organizer's, sponsors, supervisors, participants and persons transporting my/our child to and 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 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 for normal wear and tear.

I/We will furnish a Certified Birth Certificate of the above candidates to League Officials, upon request.

Parent(s) Signature _____ Date _____

Parent(s) Printed _____

Please indicate any physical limitations: (Allergies, Hearing, Vision, etc.) _____

Name of family hospitalization plan _____ Physician _____

Emergency Contact _____ Phone: _____

_____ In regards to the concession stand, I realize that I need to work my required shift(s), but I would like to get more involved. Please contact me and let me know how I can take on a larger role with the concession stand.

_____ I am interested in coaching, subject to background check (**Circle one**) **Coach** **Manager**

_____ I am interested in assisting in any way possible.