

OAK RIDGE YOUTH ASSOCIATION

2012 SPRING BASEBALL - SOFTBALL REGISTRATION FORM



Age: Baseball (Age as of May 1st, 2012)
January 1st, 2012)

Softball (Age as of

Circle your child's sport/age group below

Baseball	FEE		SOFTBALL	FEE
5/6 (COED)	\$75		7/8	\$85
7/8	\$95		9/10	\$85
9/10	\$110		11/12	\$85
11/12	\$110		13/14	\$85
13/14	\$125		15/18	\$85

Child's name _____ Sex ___ Age ___ Date of Birth

___/___/___

Address _____

City _____ State ___ Zip _____

Email address _____

Mother's name _____ Father's
name _____

Home Phone _____ Mother Cell _____ Father
Cell _____

***Uniform fitting days are 2/4/12, 2/11/12 and 2/18/12 from 9am-1pm at Oak Ridge Military Academy (ORMA) Bonner Gym. You MUST bring your child to come and try on a uniform.**

By signing below, I/we give permission for my child to participate in the baseball/softball program as outlined above. I/we assume all risks and hazards incidental to the sport of baseball/softball and the related activities including the transporting of my son or daughter to or from activities or the hospital to obtain emergency medical treatment. I/we hereby release, absolve, indemnify and hold harmless the organizers, coordinators, facility owners, sponsors, coaches, referees and supervisors in case of injury to my son or daughter. I/we waive any and all claims against the persons or organizations listed above. **All uniform orders are final and not exchangeable for sizes ordered incorrectly. The ORYA provides one uniform. Any replacement pieces are the parent/player's responsibility.**

Parent (Guardian) Signature: _____ Date: _____

Payment: Check # _____ Amount \$ _____ Received By _____

I understand that by participating in ORYA sports, I will be required to work concession duty, not only before or after my child's games but also any other events at the Oak Ridge Town Park throughout the season. I understand I can waive my responsibility by paying an additional \$20 to ORYA. This additional money will go to pay someone to work in my place.

By checking this box, I am accepting my responsibility to work concessions.

By checking this box, I elect to pay an additional \$20 to ORYA to waive my responsibility to work concessions.

I wish to volunteer in the following area(s):

- Head Coach**
- Assistant Coach**
- Sponsorship (see brochure)**

Registration Mail-In Address
6513 Zack Rd.
Oak Ridge, NC 27310

**Questions? Steve Dowdy, ORYA Baseball/Softball Director, 643-8315,
dowdy@orya.org**

Make all checks payable to ORYA