

# OLEY VALLEY YOUTH LEAGUE, INC. Jr. Baseball REGISTRATION – 2010

Application to Participate – Assumption of Risk – Release of Liability  
 \*\*\*\*\* PLEASE READ CAREFULLY AND FILL IN THE FORM IN ITS ENTIRETY \*\*\*\*\*

<b>Full Legal First Name:</b>		<b>Address:</b>		
<b>Middle Name or Initial:</b>		<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Full Legal Last Name:</b>		<b>School Attending:</b>		
<b>Current Grade:</b>	<b>Current Age:</b>	<b>Birth Date:</b>	<b>Gender:</b>	
<b>Parent/Guardian #1</b>		<b>Parent/Guardian #2</b>		
<b>First Name:</b>		<b>First Name:</b>		
<b>Last Name:</b>		<b>Last Name:</b>		
<b>Home Phone:</b>		<b>Home Phone:</b>		
<b>Work Phone:</b>	<b>Ext:</b>	<b>Work Phone:</b>	<b>Ext:</b>	
<b>Email address:</b>		<b>Email address:</b>		
<b>Medical Conditions (i.e.: Allergies, Asthma, Diabetes, etc.):</b>				
<b>Emergency Contact Other Than Parent:</b>			<b>Phone:</b>	
<b>Doctor:</b>	<b>Phone:</b>	<b>Hospital Preference:</b>		

**SPORT OF PARTICIPATION** (Check only one):

- Tee ball:** Players 5 and 6 years old entering K in upcoming year (2010). (Player cannot turn 7 on or before May 1<sup>st</sup>, 2010.) **Registration Fee: \$40**
- Instructional League Baseball:** Players 7 and 8 years old. (Player cannot turn 9 on or before May 1<sup>st</sup>, 2010.)  
 For first graders and second graders focused on improving the skills learned in T-Ball. **Registration Fee: \$50**
- Minor League Baseball:** Players 9 and 10 years old. (Player cannot turn 11 on or before May 1<sup>st</sup>, 2010.)  
 League play within our local Cal Ripken Division plus select team tournament baseball. This is a player-pitch league with more advanced instruction in the sport of baseball. Certified PIAA umpires. **Registration Fee: \$50**
- Major League Baseball:** Players 11 and 12 years old. (Player cannot turn 13 on or before May 1<sup>st</sup>, 2010.)  
 League play within our local Cal Ripken Division plus select team tournament baseball. This is a competitive league with advanced instruction and focus on positional play. Certified PIAA umpires. **Registration Fee: \$50**

<b>Shirt Size for PLAYER (Circle One):</b>	<b>Shirt Size for VOLUNTEER COACH (Circle One):</b>
Youth: XS S M L XL	Adult: S M L XL XXL XXXL
Adult: S M L XL XXL XXXL	

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 This section to be filled out by OVYL representatives:

<b>Player Name:</b>			
Sport	Western Berks	Jr. Legion	Sr. Legion
Coaching	[   ]	Commissioner Init	Recorder Init
Cash	_____	Check #	Total
		_____	_____

**OLEY VALLEY YOUTH LEAGUE, INC. REGISTRATION – 2010 (cont'd.)**

(I/We) the parents/guardian of the above-named applicant, hereby request that (my/our) child participate and give (my/our) approval for the above-named child to participate in the youth league program. (I/We) do assume all risk and hazards incidental to such participation, including transportation to and from the activities, and (I/We) do hereby waive, release, absolve, indemnify and agree to hold harmless the OLEY VALLEY YOUTH LEAGUE, INC., its organizers, sponsors, supervisors, coaches, participants, and persons transporting the above-named child to and from activities, from any claim arising out of an injury to the above-named child, including costs and legal fees. WE UNDERSTAND THAT PARTICIPATION IN ATHLETICS INVOLVES RISK. (I/WE) UNDERSTAND AND ASSUME ALL RISK OF INJURY TO (MY/OUR) CHILD.

(I/We) agree to return, upon request, the uniform and/or other equipment issued to the above-named child in as good condition as when received, except for normal wear and tear. The uniform for the above program will not be issued to the applicant unless this registration form is completed and the appropriate registration fee is received.

(I/We) agree that the above-named player will participate/play on the team for which they have been assigned by the Oley Valley Youth League or its designee. (I/We) certify that one of the parents/guardians of the above-named player resides within the Oley Valley School District.

(I/We) realize responsibility as a parent/guardian to help maintain the League and **DO PROMISE TO DONATE TIME** during the course of the above-named program upon request, or as result of special events due to participating in premiere or travel teams.

As the parent or legal guardian of the above-named player, (I/We) hereby give my consent for emergency medical care prescribed by a duly licensed Physician. This emergency care may be given under whatever conditions are necessary in the judgment of the league or its coaches to preserve the life, limb, sight or well being of the minor.

**Signature of Parent or Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**“I WOULD LIKE TO DO MY PART” – Fill in all that apply**

**KEY POSITIONS**

- Head Coach
- Assistant Coach
- Team Parent

**SPONSORSHIPS**

- Team Sponsor \$200 includes name on back of team shirt
- OVYL Board Sponsor \$650 upfront or \$750 split over three years.  
(Sponsorships are for three years.)

**FEE RESPONSIBILITY OF PARENT/GUARDIAN:**

Registration cost - \$40/\$50	<b>\$40 / \$50</b>	Circle one
Fund-Raiser or \$30 Buyout		Describe: _____
Refundable Concession Stand Deposit - \$30 (Coach and 2 Assistant Coaches Refunded)	<b>\$30</b>	Reimbursement of fee if three hours of Concession stand service met during this sport's season.
Total due at time of registration:	_____	Please pay by check payable to <b>OVYL</b> .

If you are unsure of the total fees, please ask a Youth League Representative at the time of registration.

Refunds are available in full only if requested within 30 days of the final registration date. Refunds are not available if the child decides not to participate after 30 days of the final registration date.

**This boxed in area is reserved for Treasurer Use Only  
Section on the Reverse Side if Double-Sided.**