

SENIOR BASEBALL REGISTRATION – 2010

OLEY VALLEY YOUTH LEAGUE, INC.

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

Player Information			
First Name:		Address:	
Middle Name:		City:	State: Zip:
Last Name:		School Attending:	
Current Grade:	Current Age:	Birth Date:	Gender:
Cell Phone No.:		Email address:	
Medical Conditions (i.e.: Allergies, Asthma, Diabetes, etc.):			
Emergency Contact Other Than Parent:			Phone No.:
Doctor:	Phone:	Hospital Preference:	

Parent/Guardian #1		Parent/Guardian #2	
First Name:		First Name:	
Last Name:		Last Name:	
Home Phone No.:		Home Phone No.:	
Cell Phone No.:		Cell Phone No.:	
Work Phone:	Ext:	Work Phone:	Ext:
Email address:		Email address:	

SPORT OF PARTICIPATION:

- Western Berks Junior League Baseball:** Players 13 to 15 years old. (Player cannot turn 16 on or before May 1st, 2010.) Play is in the Western Berks Junior League. This is a no-cut league. **Registration Fee: \$120**
- Junior American Legion Baseball:** Players 13 to 15 years old. (Player cannot turn 16 on or before May 1st, 2010.) Team participation is based on an evaluation of the players' skills in an open tryout. Evaluations will be held in April with players assessed by the coaches. Players not selected for the Jr. Legion team will be offered a position on the Western Berks team. **Registration Fee: \$120**
- Senior American Legion Baseball:** Players 16 to 19 years old. (Player cannot turn 19 before January 1, 2010.) Team participation is based on an evaluation of the players' skills in an open tryout. Evaluations will be held in April with players assessed by the coaches. **Registration Fee: \$120**

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

KEY POSITIONS	SPONSORSHIPS
<input type="checkbox"/> Head Coach <input type="checkbox"/> Assistant Coach <input type="checkbox"/> Team Parent	<input type="checkbox"/> OVYL Advertising Board Sponsor \$650 upfront or \$750 split over three years. (Sponsorships are for three years.)

This section to be filled out by OVYL representatives:

Player Name:			
Sport	Western Berks	Jr. Legion	Sr. Legion
Coaching	<input type="checkbox"/>	Commissioner Init	Recorder Init
Cash	_____	Check #	_____
		Total	_____

SENIOR BASEBALL REGISTRATION – 2010 (Cont'd)
OLEY VALLEY YOUTH LEAGUE, INC.

FEE RESPONSIBILITY OF PARENT/GUARDIAN:

Registration cost:	\$120	
Fund-raiser or \$30 buyout:		Describe: _____
Refundable Concession Stand Deposit - \$30 (Coach and 2 Assistant Coaches Refunded)	\$30	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 OVYL .

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

Legion and Junior Legion registration fee refunds are available in full **only** if requested prior to posting of team rosters with the American Legion in May. Western Berks registration is not refundable after the league games begin.

(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:** _____

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