2015 OCYAA BASEBALL REGISTRATION

Players Information:			
First Name:	Last Name:		
Street Address:	City: Zip Code:		
Birth Date:	Age as of April 30 ^{th:} 5 6 7 8 9 10 11 12 13		
School:	Circle Age		
Did you play in OCYAA Baseball last year? (place an "X" in box) Yes No If yes, Team:			
Physical/Medical Limitations:			
Parent/Guardian's PRIMARY e-mail address:			
Parent/Guardian's PRIMARY telephone number: Land Line: Cell Phone:			
Mother's Name:	Father's Name:		
Guardian's Name:	Guardian's Name		
Land Line if different from above:	Cell if different from above:		
baseball. If a child is "green" or lacks ability, we will try to teach him or her on a team at his/her ability level. Safety is the prime concern of the league. We will attempt not to put a child in a dangerous situation. <u>A player's division/team</u> assignment is based on age and ability with final determination made by the OCYAA.			
REGISTRATION FEE The registration fee for OCYAA programs is regulated by the Board of Directors. The fee helps to pay for a group accident policy which covers all children participating in League activities. Also, the registration fee includes the cost of all uniforms given to children. Uniform consists, at a minimum, for t-ball hat and shirt; major and minor league hat, shirt, pants and stirrups.			
One Child - \$35 Two Children - \$60 Maxin	num per Family - \$75Late Fee \$10 after 3/1/15		
We need your help (place an "X" in the box for any that apply)!			
Coach* Assistant Coach* Te	eam Parent Umpire ** Concession Stand		
* All coaches must be certified and have a completed, satisfactory background check. ** OCYAA will train			

I/We the parents of the above named candidate for the OCYAA League thereby give my/our approval to his/her participation in any and all League activities during the current season including the annual fundraiser. *I/We agree to participate in any OCYAA's fundraiser or pay an additional \$50.00 to the OCYAA in lieu of active participation*. I/We assume all risks and hazards incidental to such participation including transportation to and from activities; and I/We do hereby waive, release, absolve, indemnify and agree to hold harmless the OCYAA, the coaches, sponsors, officers, participants, and persons transporting my/our child(ren) to or from these activities as well as the City of Ocean City, for any claim arising out of an injury to my/our child, except to the extent and in the amount covered by the accident or liability insurance. Also, I/We agree to return, upon request, any equipment issued my/our child in as good condition as when received except for normal wear and tear. *We realize that league division* (*Tee Ball, AAA, Rookie, and Little League) and team determination is solely the prerogative of the OCYAA*.

Parent/Guardian Signature		Date
League Use: Paid Code	Check # Cash	Little League Age: $\rightarrow \rightarrow \rightarrow$