



Spring 2017 Registration Form

PLEASE PRINT LEGIBLY

League use only
League Age: _____
Tryout #: _____
New or Returning

Player	First Name _____	Last Name _____	
Address _____			Birthdate mm/dd/yy _____
City _____	State _____	Zip _____	Player's Gender _____
Name of primary adult(s) to contact _____		Relationship _____	
Last Spring Season Baseball Experience Year 20 _____	League _____	Team _____	Division _____
Number of Years in Last Division _____			

T Ball Only:	Requested coach _____	Requested friend on same team _____
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Parent 1	First Name _____	Last Name _____	
Address _____			Same as Player <input type="checkbox"/> Relationship _____
City _____	State _____	Zip _____	Phone 1: _____ Cell? _____
Email _____			Phone 2: _____ Cell? _____

Parent 2	First Name _____	Last Name _____	
Address _____			Same as Player <input type="checkbox"/> Relationship _____
City _____	State _____	Zip _____	Phone 1: _____ Cell? _____
Email _____			Phone 2: _____ Cell? _____

Terms & Conditions	Parent: Initial each box in this section to acknowledge you understand your families obligations as a member of this league
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<input type="checkbox"/>	Each team must raise \$500 (T-Ball \$250) in sponsorship or spread the cost among the team members
<input type="checkbox"/>	Each team will be assigned umpire responsibilities. A team can buy out of their umpire responsibility for \$250
<input type="checkbox"/>	Attending Sunday Team Field Maintenance will be required at least once per month
<input type="checkbox"/>	Double A, Triple A & Majors require a tryout, and teams are selected by draft
<input type="checkbox"/>	Orange Little League may use photos of your child in promotional material and social media

League Use Only	Notes: _____	Refer-A-Buddy
<input type="checkbox"/> Parent Code of Conduct <input type="checkbox"/> Volunteer Application <input type="checkbox"/> 3 Residence Verification Documents <input type="checkbox"/> Medical Release Form <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Parent Drivers Licence		Referred by: _____ Referring: _____

Payment Information	League Use Only	AGES 4-6 \$150 AGES 7-12 \$190
Total Payment \$ _____		AGES 13+ \$210
Payment Method: Cash C.C Check Check # _____		<input type="checkbox"/> Sibling Discount -\$20 Applied after Sibling #2 <input type="checkbox"/> Early Registration -\$10
No Refunds after Draft Night		

I, the legal guardian of this player candidate hereby authorize the player's participation in all Orange Little League activities and agree to abide by the terms and conditions of participation I initialed above.

Signature _____ Relationship _____ Date _____