

2017/2018 OGAA SELECT TEAM REGISTRATION

P.O. BOX 16747 Hattiesburg, MS 39404

Registration Fee is Non-refundable

Circle one of the following programs

BASEBALL

Age as of: May 1, 2018

Coach Pitch: 7U 8U
Player Pitch: 9U 10U 11U
Player Pitch: 12U 13U 14U 15U

SOFTBALL

Age as of: January 1, 2018

Coach Pitch: 8U
Fast Pitch: 10U 12U 14U 16U 18U

TEAM NAME: _____

Player's Name: _____ Birth Date: _____ / _____ / _____

Parent(s)/Guardian(s) Name(s): _____

Street: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: (dad) _____ Work Phone: (mom) _____

Cell Phone: (dad) _____ (mom) _____ Cell Phone Carrier: _____

AT&T, Cellular South, Verizon, etc.

E-Mail: (dad) _____ (mom) _____

PLAYER/PARENT RELEASE: TO BE COMPLETED AND SIGNED BY PARENT OR GUARDIAN. WHERE PARENTS ARE SEPARATED OR DIVORCED, THIS FORM MUST BE SIGNED BY A PARENT HAVING LEGAL CUSTODY AS ESTABLISHED BY THE COURTS. OGAA = Oak Grove Athletic Association of Lamar County, Mississippi and/or it's assigns

1. I/We understand that it is the obligation of my/our son/daughter to attend team practices and games. In the event my/our son/daughter is unable to attend a practice or game due to illness or other emergency, I agree to telephone the Coach in advance.
2. I/We agree for my/our son/daughter to abide by all the rules and regulations established for the baseball/softball program by the Oak Grove Athletic Association. I/We agree to sole, exclusive and final jurisdiction and authority of the OGAA over rulings, disputes, disagreements or subject matter having to do with or having any impact or effect upon rules, tournaments, administration, or games.
 - a.) Voluntarily of my/our own free will, I/We elect for our son/daughter to participate as a member of a baseball/softball team sponsored by OGAA. I/We further understand that the very nature of baseball/softball has hazards that can cause serious injury. I/We release, discharge and agree not to sue the team, OGAA, its Board of Directors, members, employees, volunteers or any other person connected with the team, coaches, or managers.
 - b.) I/We understand and acknowledge and appreciate the risks and dangers involved in allowing our son/daughter to participate in baseball/softball and I/We assume all risks and injury and damage incident to his/her participation in baseball/softball. I/We further in consideration of the privilege to play baseball/softball, hereby release, discharge and relinquish the OGAA, its Board of Directors, members, employees and officials from all claims, demands actions and cause of action of any sort, for any injuries sustained by our son/daughter.
3. FURTHER: in consideration for allowing our son/daughter to play/baseball/softball I/We agree to sole exclusive and final jurisdiction and authority of the OGAA, over any question, dispute, disagreement or ruling involving our son/daughter or their team.
4. FINALLY: I/We agree in the event of illness or injury to my son/daughter during a baseball/softball game or practice, I/We hereby give consent for the performance of such diagnostic, medical and/or surgical treatment on my child as may be deemed medically necessary in order to assure the safety of my child.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____ / _____ / _____

FAMILY PHYSICIAN & PHONE NUMBER: _____

EMERGENCY CONTACT PERSON: _____ PHONE: _____

MEDICAL RESTRICTIONS or ALLERGIES: _____

- Note: The cost of registration will be \$100.00 per player.

BY OGAA MEMBER: _____ AMT PAID: _____ CASH () CHECK () BIRTH CERT: _____ CHECK# _____