

Oriole Park Baseball Association 2013 Registration Form

Print player's name as wanted on trophy: _____

Birth Date: _____ Age: as of April 30, 2013 for baseball _____
 as of December 31, 2012 for softball _____

Address: _____ City: _____ Zip: _____

Phone (home): _____ Male: _____ Female: _____

School: _____ Current Grade: _____

Other Park/Division Last Yr: _____

OPBA Division Last Year (Please Circle): T-Ball Boys Instr JPW PeeWee Midget Pony Colt CM

OPBA Team Name Last Year: _____ Girls Inst GJPW GS 9-10 GS 11-12 GS 13-14 GS 15-17

Note: Jerseys for T-Ball, Boys and Girls Instructional and Jr. Pee-Wee will be pre-ordered

Shirt Size (Please Circle): 6-8 10-12 14-16 18-20 Adult Small A-Medium A-Large A-XL

PLAYERS MUST PURCHASE THEIR OWN BASEBALL PANTS Baseball White - - Softball Black

Hold Harmless Agreement and Medical Consent Agreement

I (we), the parent(s) or legal guardian of the minor named above, give my (our) consent and approval for the minor to participate in any and all activities of Oriole Park Baseball Association during the current season. In consideration of my (our) minor's acceptance in said activities, I (we) hereby knowingly agree that the activities the registered minor are participating in are recognized by Illinois law to be covered under the "Contact Sports Exception" and assumption of risk concerning contact sports. We the parent(s) or legal guardian of the minor named above agree to indemnify and hold harmless Oriole Park Baseball Association, it's officers, representatives, successors, vendors, agents, sponsors and partners including but not limited to The Chicago Park District and its employees without regard to any negligence on their part against any claim for damages, compensation or otherwise including all losses and expenses caused to or by my (our) minor while participating in activities of Oriole Park Baseball. In addition, if neither parent (nor legal guardian) can be contacted, I (we) authorize Oriole Park Baseball Association to take such emergency action as may be deemed necessary.

Father's Information:

Mother's Information:

Name: _____

Name: _____

Date: _____

Date: _____

Signature: _____

Signature: _____

Bus. Phone: _____

Bus. Phone: _____

Cell Phone: _____

Cell Phone: _____

Email: _____

Email: _____

Emergency Contact No: _____

Relation: _____

Do not write in this section

Returning	Move-Up	New								Fee Paid	Check	Date
TB	IB	JPW	PW	M	PO	C	CM		No			
GI	GJPW	9-10	11-12	13-14	15-17	GRADE		Raffle Ticket Number				

Request to play with (e.g., player, coach, school): _____

This is for non-draft divisions (**T-Ball, Boys Instructional, and Girls Instructional**). We will do our best to fulfill your request.