



2010
Oliver Springs Youth Club
Baseball Sign-up

I, the undersigned, hereby give permission for

Child's Name

Date of Birth (must be 5 as of 5/1/2010)

to participate in the softball program offered by the Oliver Springs Youth Club. Furthermore, I hereby relieve the Oliver Springs Youth Club, Oliver Springs Youth Club Directors and Coaches, Tri-County Little League, and the USSAA of all liability, including medical expenses, should the above named child incur any injury while participating in, traveling from, prior to, and immediately after any and all scheduled Oliver Springs Youth Club approved events (games, scrimmages, practice sessions, etc). I further agree to reimburse the Oliver Springs Youth Club the replacement cost for any and all items lost, stolen, and or otherwise rendered unusable (as determined by the Oliver Springs Youth Club) that are issued to the child named above for participation in this program. I further relieve the Oliver Springs Youth Club of any responsibilities from the loss or theft of any and all personal items and equipment.

Father's Name (or guardian) _____

Address _____

Home Phone _____

Cell Phone _____

Employer _____

Work Phone _____

Mother's Name: _____

Address (if different) _____

Home Phone _____

Cell Phone _____

Employer: _____

Work Phone _____

Email Address: _____

*** When signing this form, you as a parent or guardian will be required to work **ONE hour** minimum in the concession stand or gate before or after your child's game and will try to help when needed. Without concession stand revenue, we will NOT have adequate funding to maintain our program, Your child's coach or a concession stand representative will have sign-up sheets.

Signature of Parent or Guardian _____

Date _____

Name, address, phone number of nearest relative not living with you: _____

* Do you have health insurance for your child? YES ___ NO ___

* Are you interested in assisting with a team? YES ___ NO ___

OSYC USE ONLY:

Coach Requested (not guaranteed) _____

Receipt # _____

Paid _____

Cash _____

Check# _____

**NO REFUNDS
 will be issued
 after the first
 game of the
 season.**

