



2010
Oliver Springs Youth Club
Baseball Sign-up



I, the undersigned, hereby give permission for

_____ Date of Birth (must be 5 on or before 5/1/2010)

to participate in the baseball/softball program offered by the Oliver Springs Youth Club. Furthermore, I hereby relieve OSYC, and the Tri-County Little League, 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 OSYC the replacement cost for any and all items lost, stolen, and or otherwise rendered unusable (as determined by the OSYC) that are issued to the child for participation in this program. I further relieve OSYC of any responsibilities from the loss and 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 ___

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

OSYC USE ONLY:

Coach Requested (not guaranteed) _____

Receipt # _____ Paid _____ Cash _____ Check# _____

