

Oakridge, Oregon

T-Ball Registration Form

Grades Kindergarten-Second

Player's Name _____ Date _____ Grade _____ Age _____ Sex _____

School _____ Date of Birth _____ Home Phone _____

Emergency Phone _____ Contact Person _____

Father/Guardian's Name _____ Phone _____

Mother/Guardian's Name _____ Phone _____

I hereby give permission for my child to play in the:

Elementary School Division T-Ball Kindergarten-second grades

I also agree to be responsible for transporting my child to and from all practices and games.

Parent /Guardian Signature _____

Medical Information

Insurance Company _____ Policy# _____

Family Physician _____ Phone # _____

List any Allergies _____

List and Previous Injuries _____

Shirt Size: Small Medium Large Extra Large

I, _____ Parent/Guardian of _____

herby request and permit any hospital, physician, or any other individual which he or she may wish to designate, to render to the above named child, any medical and or emergency treatment that the child may require in my absence. I understand that the "Upper Willamette Youth Association" accepts no responsibility for any injuries which may occur during practices or games.

Parent/Guardian's Signature _____

Registration Fee \$20.00