Oak Hill Youth Sports Association
2009 Fall Baseball/Softball Registration Form

LEAGUE USE ONLY

Registration Fee	$ _____	Paid by Check #	_____	Participant #	_____	Tryout Time	_____
Membership	+ _____	Cash	_____	League	_____	Playing Age	_____
Other Fees	+ _____	Credit	_____	Team	_____		
Total Due	$ _____			Release Signed	_____	Initials	_____

Softball	☐ Shetland	☐ Pinto	☐ Mustang	☐ Bronco	☐ Pony	Shetland coaching request only
Baseball	☐ Shetland	☐ Pinto	☐ Mustang	☐ Bronco	☐ Pony	Coach _____

PLAYER INFORMATION

Please Print

Player's Name _____ , _____ Player's Phone _____
LAST FIRST

Player's Address _____ Zip Code _____

Birth Date _____ **BASEBALL Age as of 4/30/2010 =** _____ Sex _____ School _____
mm/dd/yyyy **SOFTBALL Age as of 12/31/2009 =**

☐ Please check this box if this is an **Address Change** from last season.

PARENT INFORMATION

Please print

Mother's Name _____ Home # _____ Work # _____

Email Address _____ Cell # _____

Father's Name _____ Home # _____ Work # _____

Email Address _____ Cell # _____

PLAYER'S PLAYING EXPERIENCE

Year's Played? _____ Played OHYSA last Spring? YES/NO (circle one) Played Fall Ball last fall? YES/NO (circle one)

If in another baseball league last spring, what league? _____

Last Spring's OHYSA League? _____ Team _____ Coach _____

Please read and sign the authorization and release below.

☐ Action photos of my child may not be taken during the OHYSA season and posted on the OHYSA website.

Parental Authorization and Medical Release: I, the parent or guardian of the above named child, hereby gives approval for participation in any and all league activities sponsored by the Oak Hill Youth Sports Association. I hereby grant permission to managing personnel or other league representatives to authorize and obtain medical care from a licensed physician, hospital, or clinic should the player become ill or injured while participating in league activities when neither parent nor guardian is available to grant authorization for medical treatment. I assume all risks and hazards incidental to participation, including transportation to and from activities, for any claim arising out of an injury to the player.

The OHYSA board of directors has adopted a Zero Tolerance Policy, which can be found on the league website. Unsportsmanlike conduct or inappropriate conduct of any kind by a league official, coach, player, participant or spectator will not be tolerated. Your signature confirms your agreement with the league's Zero Tolerance Policy.

I further agree that I have read the information on this form and agree to abide by the rules, procedure, and obligations of OHYSA and PONY Baseball, Inc. I will furnish a birth certificate for the player upon request of the league officials and return any equipment issued to the player in as good of condition as when received except for normal wear and tear.

Father/Mother/Guardian (circle one) _____ Date _____
Signature