

2009 OAA Traveling Fastpitch Registration Form
(All items in bold must be completed)

Registration Fees & Refunds:

All registration fees include a \$5.00 non-refundable administration fee. Refunds are at the sole discretion of the League Director and may be pro-rated to cover the cost of equipment/uniforms purchases.

Registration fees not received on or before February 28, 2009 will be subject to a \$15.00 late fee.

No cash or check payments will be accepted after try-outs. All payments made after the final try-out date will need to be paid online.

Parent/Guardian Contact Information:

Name (First, MI, Last): _____

Street: _____

City: _____ **Country:** US **State:** MN **Zip Code:** _____

Telephone: _____ **Cell/Other Phone:** _____

Email: _____

Secondary Contact Information (Parent/Guardian):

Name (First, MI, Last): _____

Telephone: _____ **Cell/Other Phone:** _____

Email: _____

Account Information (Parent/Guardian):

Create a User Name (Letters and/or numbers only): _____

Create a Password: (A password will be assigned if new account)

Participant Information:

Relationship with Participant: (circle one) Parent Guardian Adult (18 yrs or older)

Name (First, MI, Last): _____

Gender: (circle one) Male Female

Date of Birth: _____ **Participant Email:** _____

Complete only if Participant Information is different than the Primary Contact:

Street: _____

City: _____ **Country:** US **State:** MN **Zip Code:** _____

Telephone: _____ **Cell/Other Phone:** _____

Participant Program Selection: (Participant must select a program based on their age on 12/31/08)

Traveling Fastpitch:

<input type="checkbox"/> 10U	\$ 125.00	<input type="checkbox"/> 10U	\$ 225.00	<input type="checkbox"/> 16U	\$ 225.00
<input type="checkbox"/> 12U	\$ 225.00	<input type="checkbox"/> 12U	\$ 225.00		

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Additional Participant Information:

Participants Current Grade: (circle one) 3 4 5 6 7 8 9 10

School Participant Attends: _____

Jersey Size: (circle one) YS S M L XL XXL

Jersey # : 1st Choice _____ 2nd Choice _____ 3rd Choice _____

Shorts Size: (circle one) YS S M L XL XXL

Sliding Pad: S M L XL

Will player be trying out as: _____ Pitcher _____ Catcher

Will player be participating in any other activities during Fastpitch (explain)?

Comments/Requests: _____

Medical Waiver:

In consideration of your accepting my child's entry, I, for myself, my child, my heirs, executors and administrators, waive and release any and all rights, causes of action, and claims I or my child may have or acquire at any time against the Oakdale Athletic Association and it's representatives, successors and assigns for any and all injuries, damages and all costs and expenses of any kind what-so-ever incurred by myself or my child arising out of any activity sponsored by the Oakdale Athletic Association.

Furthermore, I and my child recognize that T-Ball/Softball/Baseball is an inherently dangerous activity and assume all responsibility for all damages injuries and other costs and expenses arising out of participating in T-Ball/Softball/ Baseball and I, as my child's legal guardian, give my permission for my child's participation in Oakdale Athletic Association activities and for the rendering of any necessary emergency medical treatment which may be rendered due to his or her participation in such activities. I further declare that I will be solely responsible, without limitation, for medical expenses that may be required if my child is injured while participating in Oakdale Athletic Association sponsored activities.

Parent/Guardian Signature: _____ **Date:** _____

Volunteer Role: Head Coach Assistant Coach

Division to Coach:

Traveling Fastpitch:

10U 12U 14U 16U

If you would like to volunteer as a Head Coach or Assistant Coach, please complete coaching application and background consent form and return it to the League Director.
 No one will be allowed to coach without completing these forms.