

**City of Orange Division of Recreation
Traveling Baseball Registration Form**

All Participants Must Provide Copy of Birth Certificate and Proof of Address

Player Name: _____ Gender M F

Address: _____

Orange , New Jersey 07050

(Circle one) North, South, East or West Ward

Home Phone: _____ Birth date: _____ Age:(at 8/1) _____

School: _____

New Registrant?: Yes No

Registration \$25 Ck./M.O. _____

PLEASE CHECK THE ACTIVITY YOU WISH TO PARTICIPATE IN

(13) Babe Ruth

(13-15) Traveling Babe Ruth

(PLEASE PRINT)

PARENT OR GUARDIAN

(PLEASE PRINT)

Name: _____

Cell Phone: _____ Business Phone: _____

EMERGENCY

Name: _____ Relationship: _____

Home Phone: _____ Day Phone: _____ Cell _____

PLEASE READ CAREFULLY

I, the parent or guardian of the above name registrant, hereby give my approval for the registrant to participate in any City of Orange, Division of Recreation Baseball Activity and understand as a parent or guardian I must abide by the rules and regulations set forth in the parent manual, and volunteering and fundraising activities are mandatory.

All necessary precautions will be taken to protect each child from physical harm or property loss. However, the undersigned agree(s) that they do jointly and severally indemnify and hold harmless the City of Orange Township against liability for any and all claims for damages to property or injury to or death of my child or ward arising out of the scheduled activities.

Registration fees are non-refundable after the baseball season begins.

Parent/Guardian: _____ Date _____

AREAS YOU CAN HELP OUR PROGRAM

Baseball Coach _____ Score Keeper _____ Concession Stand _____ Banquet _____
Picture Committee _____ Equipment Asst. _____ Field Asst. _____ Parade _____