

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

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

Parent Name: _____ DOB _____
(for data system purposes)

Address: _____ Apt _____
_____, NJ Zip _____

Home Phone: _____ Cell Phone _____

Email Address: _____

Participants Names

1-Player Name: _____ Gender M or F, Size _____

Birth date: _____ Age: _____ Grade _____ School: _____

2-Player Name: _____ Gender M or F, Size _____

Birth date: _____ Age: _____ Grade _____ School: _____

3-Player Name: _____ Gender M or F, Size _____

Birth date: _____ Age: _____ Grade _____ School: _____

Fee \$ 35.00 per person \$35 x (Players) = _____ plus Late Fees \$15.00 Non Resident Fee \$65.00

*Make money orders payable to City of Orange Division of Recreation no refunds or transfer of funds after program begins
As always there will be a 20% administration fee for refunds*

EMERGENCY

Name: _____ Relationship: _____

Home Phone: _____ Day Phone: _____ Cell _____

PLEASE READ CAREFULLY

I, the parent/guardian of the above named registrant(s), hereby give my approval for the registrant(s) to participate in any City of Orange Division of Recreation League Activities and understand as a parent 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.

Parent/Guardian: _____ Date _____

AREAS YOU WOULD LIKE TO HELP OUR PROGRAM

Coach _____ Score Keeper _____ Concession Stand _____ Banquet _____

Picture Committee _____ Equipment Asst. _____ Field Asst. _____ Parade _____