

# 2008 Registration Form

## Raymond Baseball & Softball Association

**2008 Registration Fees:** \$65 (T-Ball \$50) *Family Discount (\$5 for each additional family member)*

Payable to: **Raymond Baseball & Softball Association**

**P.O. Box 31**

**Raymond, Ohio 43067**

*Financial Aid Available through the support of the United Way of Union County*

**Baseball:** (Age as of April 30th, 2008)

T-Ball (5-6 yrs) Midget (7-8 yrs) National (9-10yrs) American (11-12 yrs) Pony (13-14 yrs)

*Note: For Pony an additional uniform fee may apply*

**Softball:** (Age as of Jan 01, 2008)

E-League (7-8 yrs) D-League (9-10 yrs) C-League (11-12 yrs) B-League (13-15 yrs)

**Shirt Size:** \_\_\_\_\_ (Please Note: Not responsible if parents orders incorrect size.)

(Youth/ Adult)

**Player Information: (Please Print)**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_

Age: \_\_\_\_ Birth Date: \_\_\_\_\_ Sex: M or F Birth Certificate on File: Y or N

Father's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Parent/ Guardian Volunteer:**

I/We will be willing to volunteer/ assist in the following areas: (Please check)

\_\_\_\_ Committee/ Board Member \_\_\_\_ Coach \_\_\_\_ Assistant Coach

\_\_\_\_ Team Mom \_\_\_\_ Fund Raisers \_\_\_\_ Clean-up \_\_\_\_ Concession Stand

\_\_\_\_ Honda Hero \_\_\_\_ Other: \_\_\_\_\_

**Release:**

*I/We hereby release the Raymond Baseball & Softball Association of all responsibility in the event of bodily injury while participating in the Baseball or Softball Program.*

(Initial Here:) \_\_\_\_\_

**Medical Release:**

*I hereby authorize Memorial Hospital to administer emergency medical treatment or examination for my son/ daughter \_\_\_\_\_, in my absence from March 19, 2008 to August 1, 2008.*

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_