

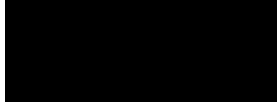
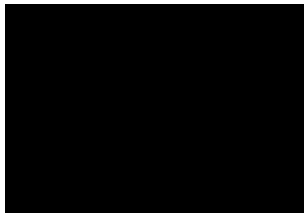


Association Inc.

NEED BIRTH CERTIFICATE

Parent e-mail address _____

Osceola Baseball/Softball Association Inc.



Player's Name: _____ Birth date: _____

My child will try out for ONE of these: Baseball _____ Softball _____

My child's school is: _____

Parent/guardian #1 _____ Parent/Guardian #2 _____

Parent/Guardian address as shown on a LEGAL form of identification:

Street _____

City _____

State _____ Zip Code _____

Parent/Guardian #1 Daytime phone number _____

Parent/Guardian #1 Nighttime phone number _____

Parent/Guardian #1 Occupation/Place of Employment _____

Parent/Guardian #2 Daytime phone number _____

Parent/Guardian #2 nighttime phone number _____

Parent/Guardian #2 Occupation/Place of Employment _____

Other person(s) to call in case of emergency:

Name _____ Phone Number _____

Name _____ Phone Number _____

Name _____ Phone Number _____

Health/Accident Insurance Company: _____

Health/Accident Policy Number: _____

I/We, the parents/guardians of the above named player for a position on a baseball/softball team, hereby give my/our approval to participate in any and all activities, including transportation to and from activities.

I/We know that participation in baseball or softball may result in serious injuries and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify and agree to hold harmless the Osceola Baseball/Softball Association Inc., Board of Directors, Charter Leagues, the organizers, sponsors, supervisors, participants, and person transporting my/our child to and from activities for any claim arising out of any injury to my/our child whether the result of negligence or for any other cause. I/We agree to return upon request the uniform and other equipment issued to my/our child in as good condition as when received except for normal wear and tear.

I/We agree to provide proof of legal residence and age of the player. I/We understand that our child (player) must be eligible under the residence and age regulations of Osceola Baseball/Softball Association Inc. to participate in any Osceola Baseball/Softball league. I/We further understand that if any participant on a league team does not qualify for participation in the league based on residence and/or age, such participant and/or the team on which he/she participates be found ineligible and forfeits(s) and/or suspension of tournament privileges may be decreed by action of any baseball/softball charter committee or tournament committee.

I/We agree that our child (player) may be required to try out for a team. If such player does not attend at least 50% of the tryouts, the Osceola Baseball/Softball Association Inc. Board of Director's approval is required for such player to be placed on a team.

I/We understand that our child (player) may be chosen at any time to play on a Major Division team, if he or she is of the correct age for such division as determined by the local league. Declining to move up to such Major Division team will result in forfeiture of eligibility for the Major Division for the current season, and may be subject to further restriction by the local league. I/We will furnish a birth certificate of the above-named player to the Osceola Baseball/Softball Association Inc.

Parent/Guardian Signature _____ Date _____ 2007

Parent/Guardian Signature _____ Date _____ 2008

Parent/Guardian Signature _____ Date _____ 2009

Parent/Guardian Signature _____ Date _____ 2010

Osceola Baseball/Softball Association Inc. does not limit participation in its activities on the basis of disability, race, color, creed, national origin, gender, sexual preference or religious preference.