



# Okaloosa Men's Baseball League - Official Registration Contract

"Please Print Clearly"



Player Age (as of 31 Dec): \_\_\_\_\_

Date Printed: 6/27/2007

<b>Name:</b>
Birth Date:
Hat Size:
Address:
City/State/Zip:
Home Phone:
Cell Phone:
Work Phone:
Email:

Official League Use: Tryout Number _____
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- \* Are you in the military? Yes / No
- \* Will you deploy 3 weeks or more this season?  
Yes / No / I don't know
- \* Do you often work weekends? Yes / No

**Medical Care:** Hospital Preference \_\_\_\_\_

In case of emergency, contact (name): \_\_\_\_\_ Phone # \_\_\_\_\_

Date last played \_\_\_\_\_

### Fielding Position:

Potential Pitcher: Y / N      Potential Catcher: Y / N      Have own Catcher's Gear: Y / N

1<sup>st</sup> Preference \_\_\_\_\_

2<sup>nd</sup> Preference \_\_\_\_\_

<b>First-Time OMBL Players Only.....</b>	Occupation: _____
Bat: Right / Left      Throw: Right / Left	
Baseball experiences – Pro / Semi-pro      Men's League      College      High School/Legion	
How did you hear about the League? _____	

Waiver of injury Liability to the Okaloosa Men's Baseball League – Signature of the above waives all claims of liability to the League for accidental injury to the player. The League shall not be responsible for these claims or their settlement. Each player plays at his own risk and acknowledges the potential for injuries resulting from all participation on or off the field. I further agree to play for the team for which I am selected and understand that the league fee is non-refundable.

**Player signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Note: No Refunds. Returned Check Charge - \$10.**

<b>Official League Use Only</b>		
		Initials: _____
<b>Paid:</b> Cash / Check No. _____	<b>Amount:</b> _____	<b>Date:</b> _____