



Okaloosa Men's Baseball League - Official Registration Contract

"Please Print Clearly"



Name: _____

Birth Date: ____ / ____ / ____

Age (as of the end of this year): ____

Address: _____

City/State/Zip: _____

Primary Phone: _____

Alt 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:

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

Date you last played organized baseball: _____

Fielding Position:

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

1st Preference _____

2nd Preference _____

First-Time OMBL Players Only.....

Bat: Right / Left Throw: Right / Left

Baseball experiences – Pro / Semi-pro Men's League College High School/Legion

How did you learn 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 and all of its affiliates 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 and that payment is due in full before play will be allowed.

I acknowledge and fully understand that eligibility for the insurance offered by the league requires that each player individually register online and that failure to do so waives entitlement to any and all coverages.

Player signature _____ Date _____

Note: No Refunds. Returned Check Charge - \$20.

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