



OXFORD RECREATIONAL BASEBALL REGISTRATION FORM 2018



P.O. BOX 608
OXFORD, MI 48371

Visit ORBABaseball.com for more Information

Dear Parents and Players:

The 2018 Baseball Season is fast approaching! We will have leagues for all youths who will be 4 to 15 years old by **April 30**.

Registration procedures are as follows:

- 1- All first year players **must** SUBMIT A BIRTH CERTIFICATE (online or mail).
- 2- All players may register online at ORBABaseball.com or by mail using this form with checks payable to "ORBA" at:
P.O. Box 608, Oxford Michigan 48371
- 3- Registration Fees through February 28, 2018: One Player \$95 Two Players \$175 Three-or-More \$240
- 4- Registration Fees March 1, 2018 through March 25, 2018: One Player \$105 Two Players \$190 Three-or-More \$255

After March 25, 2018 late registration (excluding Pony) will remain ONLINE only. The registration fee will be \$ 115.00 per player and they will be placed on a team (subject to availability) the buddy system will not apply.

PLEASE FILL OUT THE FOLLOWING INFORMATION USING ONE FORM PER PLAYER

<p>Baseball Divisions Offered:</p> <p>Check One (age child will be on 4-30-18)</p> <p><input type="checkbox"/> Ages 4-6 - T-Ball</p> <p><input type="checkbox"/> Ages 7-8 - Coach Pitch</p> <p><input type="checkbox"/> Ages 9-10 - First Year Pitch</p> <p><input type="checkbox"/> Ages 11-12 - Babe Ruth</p> <p><input type="checkbox"/> Ages 13-15 - Pony</p> <p><input type="checkbox"/> Check if Returning Player (new players require birth certificate)</p> <p><input type="checkbox"/> Parent willing to manage/coach a team</p> <p><input type="checkbox"/> Are you interested in becoming a parent-volunteer for ORBA this season? Parent Name: _____ Interest: _____</p>	<p>Uniform Sizes (Check One)</p> <table border="0" style="width: 100%;"> <tr> <td style="text-align: center;">Shirt Size</td> <td style="text-align: center;">Pant Size</td> </tr> <tr> <td><input type="checkbox"/> YS</td> <td><input type="checkbox"/> YS</td> </tr> <tr> <td><input type="checkbox"/> YM</td> <td><input type="checkbox"/> YM</td> </tr> <tr> <td><input type="checkbox"/> YL</td> <td><input type="checkbox"/> YL</td> </tr> <tr> <td><input type="checkbox"/> YXL</td> <td><input type="checkbox"/> YXL</td> </tr> <tr> <td><input type="checkbox"/> AS</td> <td><input type="checkbox"/> AS</td> </tr> <tr> <td><input type="checkbox"/> AM</td> <td><input type="checkbox"/> AM</td> </tr> <tr> <td><input type="checkbox"/> AL</td> <td><input type="checkbox"/> AL</td> </tr> <tr> <td><input type="checkbox"/> AXL</td> <td><input type="checkbox"/> AXL</td> </tr> </table>	Shirt Size	Pant Size	<input type="checkbox"/> YS	<input type="checkbox"/> YS	<input type="checkbox"/> YM	<input type="checkbox"/> YM	<input type="checkbox"/> YL	<input type="checkbox"/> YL	<input type="checkbox"/> YXL	<input type="checkbox"/> YXL	<input type="checkbox"/> AS	<input type="checkbox"/> AS	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AL	<input type="checkbox"/> AL	<input type="checkbox"/> AXL	<input type="checkbox"/> AXL	<p style="text-align: center;">LEAGUE USE ONLY</p> <p>Birth Certificate _____</p> <p>Fee Paid \$ _____</p> <p>Cash or Check _____</p> <p>Age _____</p> <p>Reg # _____</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p><input type="checkbox"/> If you would like to register this player for the ORBA Players Clinic please check this box and include an additional \$35 dollar payment.</p> </div>
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<input type="checkbox"/> AL	<input type="checkbox"/> AL																			
<input type="checkbox"/> AXL	<input type="checkbox"/> AXL																			

Player Name (Print) First _____ Last _____ Email _____

Date of Birth: Month _____ Day _____ Year _____ School _____ Phone _____

Address _____ City _____ Zip Code _____

I/we, the undersigned, agree to let our child play in the **ORBA** Baseball League. I/we also understand and agree that he/she will be assigned to a team according to league rules and agree to follow the ORBA Code of Conduct. I/we also understand that injury may result from my child's participation in this sport and I/we agree not to hold OXFORD RECREATIONAL BASEBALL ASSOCIATION nor its managers and officials responsible for accidents or injuries incurred while playing baseball. I/we also understand that all league equipment will be returned at the end of the season. Players will be able to keep their uniform. **NO REFUNDS EXCEPT FOR MEDICAL REASONS. A \$20.00 FEE WILL BE ASSESSED FOR ALL RETURNED CHECKS.**

Signature of Parent/Guardian _____

BUDDY SYSTEM : To process a Buddy request BOTH players must be on each other's registration form, and be in the same playing division, NO EXCEPTIONS. The Buddy system does not apply to Frozen players.

Buddy Name (Print) _____ Phone _____

Address _____ Zip Code _____