

# Richmond-Perrine GIANTS

## BASEBALL PROGRAM REGISTRATION FORM (YR) \_\_\_\_\_

### RICHMOND-PERRINE OPTIMIST CLUB

18055 Homestead Avenue, Miami, Florida 33157 ( 305-233-9325 ) - Website:richmondperrineoptimist.org

(PLEASE INDICATE TEAM REGISTERING FOR)

#### BASEBALL AGE GROUPS:

**5U T ball** (Ages 3 - 4 - 5)                       **8U** (Ages 7 - 8)                      Gender: M  F   
 **6U** (Ages 5 - 6)     **10U** (Ages 9 - 10)

~Age for season is age on January 3rd~

(PLEASE PRINT CLEARLY)

PLAYER NAME (Last,First Mi) \_\_\_\_\_ BIRTH DATE \_\_\_\_\_ \*AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE <sup>\*Best</sup> Contact \_\_\_\_\_ EMAIL\* \_\_\_\_\_

MOTHER \_\_\_\_\_ CELL NO. \_\_\_\_\_ WORK/HOME NO. \_\_\_\_\_

FATHER \_\_\_\_\_ CELL NO. \_\_\_\_\_ WORK/HOME NO. \_\_\_\_\_

LEGAL GUARDIAN \_\_\_\_\_ CELL NO. \_\_\_\_\_ WORK/HOME NO. \_\_\_\_\_

EMERG CONTACT NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

#### ACADEMIC STATUS

CURRENT SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

### PARENT/GUARDIAN CONSENT TO PLAY/PARTICIPATE

I, \_\_\_\_\_, THE UNDERSIGNED PARENT OR LEGAL GUARDIAN OF PARTICIPANT DO HEREBY CONSENT AND AGREE THAT THE ABOVE NAMED MINOR CHILD MAY PARTICIPATE IN THE RICHMOND-PERRINE OPTIMIST BASEBALL PROGRAM. THE UNDERSIGNED FURTHER AGREES THAT THE **RICHMOND-PERRINE OPTIMIST BASEBALL PROGRAM**, INCLUDING **THE RICHMOND-PERRINE OPTIMIST CLUB**, ITS MEMBERS, VOLUNTEER OFFICIALS, COACHES, REFEREES AND OTHER SUPPORT PERSONS, **WILL NOT BE HELD RESPONSIBLE OR LIABLE FOR ANY ACCIDENT WHICH MAY RESULT FROM MY CHILD'S PARTICIPATION** IN SAID LEAGUE'S ACTIVITIES, INCLUDING BUT NOT LIMITED TO GAMES, PRACTICES, TRAVEL AND/OR BEING A SPECTATOR. IT IS FURTHER AGREED THAT THIS CONSENT SHALL REMAIN IN FULL FORCE AND EFFECT UNTIL SUCH TIME AS THE UNDERSIGNED PARENT AND/OR LEGAL GUARDIAN SHALL NOTIFY THE RICHMOND-PERRINE OPTIMIST CLUB, IN WRITING, OF THE CANCELLATION OF THIS CONSENT.

#### PERSONAL INSURANCE COVERAGE

THE RICHMOND-PERRINE OPTIMIST CLUB CARRIES A BLANKET SECONDARY INSURANCE COVERAGE FOR ALL PARTICIPANTS IN OUR SPORTS PROGRAMS. PLEASE NOTE THAT IN EVENT YOUR CHILD IS INJURED OR NEEDS MEDICAL ASSISTANCE, YOUR PRIMARY INSURANCE COVERAGE ACTS AS FIRST PAYEE OF ALL COSTS INCURRED.

#### EQUIPMENT-UNIFORM RETURN / REFUND POLICY

I ALSO AGREE TO RETURN ALL EQUIPMENT/UNIFORMS ISSUED TO MY CHILD OR TO PAY REPLACEMENT VALUE FOR ANY ITEMS NOT TURNED IN OR LOST. NOTE: ONLY 50% OF FULL REGISTRATION FEES PAID MAY BE REFUNDED. NO REFUNDS WILL BE ISSUED AFTER THE FIRST GAME OF THE SEASON.

DATE : \_\_\_\_\_ PARENT SIGN **X** \_\_\_\_\_

#### ADDITIONAL INFORMATION:

*\*Please provide clear copy of child's Birth Certificate for age verification*

Yrs of Baseball Exp.: \_\_\_\_\_ Player Shirt Size: \_\_\_\_\_ Player Pants Size: \_\_\_\_\_ \*\*Allergies or Medical Conditions: \_\_\_\_\_

#### REGISTRATION FEE INFORMATION (ADMINISTRATIVE USE ONLY)

TOTAL FEES DUE \$ \_\_\_\_\_ AMOUNT PAID \$ \_\_\_\_\_ DATE \_\_\_\_\_

CASH / CCARD / SPONSOR / CASHAPP / \*EKS SCHOLARSHIP RECEIPT # \_\_\_\_\_ PAID BY \_\_\_\_\_

FEES BAL. DUE \$ \_\_\_\_\_ AMOUNT PAID \$ \_\_\_\_\_ DATE \_\_\_\_\_

CASH / CCARD / SPONSOR / CASHAPP / \*EKS SCHOLARSHIP RECEIPT # \_\_\_\_\_ PAID BY \_\_\_\_\_