

**OLIVE BAPTIST CHURCH
RECREATION MINISTRY
MEDICAL & LIABILITY RELEASE FORM**

All games will be played at

Olive Baptist Church
Sports Complex
1836 East Olive Rd.
Pensacola, FL 32514

LIABILITY AND RELEASE

Olive Baptist Church shall not be responsible for any personal injury or property damage to the undersigned individual. By participating in the softball and/or baseball and/or teeball leagues you assume all risk associated with any injury or damage that may occur. There are certain aspects to softball, baseball and teeball which could lead to injury. Batted/thrown balls present a danger. Sliding into bases is inherently dangerous and can injure ankles, knees and muscles. Bats used by participants and fences enclosing the field can also injure. Be aware of the possibility of these and other injuries, including the possibility of death. Please supply the insurance information below, or signify that you are without insurance. In the event there is a claim of any type made or filed against Olive Baptist Church related to you or actions by you, you agree to hold harmless and indemnify Olive Baptist Church from any claim of any type for damages and attendant costs or attorney's fees. That you sign below signifies that you assume these obligation and are permitted to participate. This Release of Liability shall be binding on me, my family, heirs, next of kin, legal representatives, beneficiaries, successors and assigns I hereby authorize the Church to use, reproduce, distribute, display, and to license others to use, reproduce, distribute, and display, my child's image, and photograph, as well as any video, digital, or audio recording or reproduction, in connection with external and internal communications of the Church for the sole purpose of advancing Olive's sports programs. By providing your email address, you agree to be included in occasional surveys from Olive Team Sports at which time you will have the opportunity to unsubscribe.

MEDICAL CONDITIONS

I understand that participation in the Program may involve strenuous and prolonged physical activity. I agree that my child is healthy and able to participate in the program activities. I understand that the Church or its representatives may request health information concerning my child and/or ask my child to undergo a medical exam. If the Church determines that my child does have a physical or mental condition that may affect his/her ability to safely and appropriately participate in Program activities, the Church may determine that my child cannot be permitted to participate. I understand and agree that, while the Church desires that all children will be able to participate, such decisions may have to be made out of concern for the best interests of my child and other participants.

CONSENT TO MEDICAL TREATMENT

In the event my child is injured or becomes ill in Program activities, and if I, the parent or guardian of the above-named child, am not present to make medical decisions, I hereby authorize the Church, its staff, volunteers including volunteer parent participants, coaches, assistant coaches, and referees, supervisors and drivers, to arrange for and consent on my behalf to emergency medical and dental care and treatment, including tests and radiological exams, and surgery, and hospital care and treatment, and to consent to medications for pain and other conditions as prescribed by medical personnel attending my child. I am responsible for payment of any medical charges or expenses not covered by my insurance or the insurance applicable to my child (if any). My signature below indicates that all information provided in this form is true and accurate, and that I fully agree to all statements made on the form, including but not limited to the Authorization and Release of Liability, Medical Conditions, and Consent to Medical Treatment. Each responsible parent/guardian should sign.

PLAYERS NAME (Print)

PARENTS NAME (Print)

Parent Signature

Date _____

Ins Policy Number _____

Please mail to or drop off at

Olive Baptist Church - ROC
Team Sports Director
1836 E Olive Rd
Pensacola, FL 32514

On-line registration available
(beginning January 6)

www.olivebaptist.org/recreation



**BASEBALL
SOFTBALL
TEE BALL**

Registration



**For more information
call the ROC @ 474-3602**

WELCOME TO THE 2012 SEASON OF OLIVE BASEBALL, SOFTBALL, AND TEE BALL!

All games, practices, and evaluations will be held at the Olive Sports Complex. Varsity Youth Softball will be played at Hillcrest Baptist.

- ★ The regular season is based on a nine (9) game schedule expected to end by **Memorial Day**. This will include 2 weeks of Night Games. Any make-up games may be played in place of practices during the week. JV Baseball and JV Softball will have a post-season tournament to crown a league champion.
- ★ Player eligibility is determined by grade. Players may move up and play one grade ahead, but may never move down. Young children *can not play up to the K4/K5 Division*; they must meet minimum grade/age. Sept. 1st, 2011 being the guideline for K4/K5.
- ★ Players wanting to move up a division must indicate a desire to do so **on this form** when they register.
- ★ Following the decision of most major baseball and softball organizations; Olive will **not** permit the use of composite bats in any division of play.
- ★ Divisions of play are subject to change at the discretion of the Team Sports Director (Bennett Traylor).
- ★ Registration form will **NOT** be valid unless liability waiver on reverse side is signed by parent.

Registration deadline: Feb 13

All rules and codes of conduct must be followed by all players, coaches and spectators. These rules and codes can be found at olivebaptist.org/recreation.

IMPORTANT SEASON DATES

Jan 1	Registration Begins
Feb 5	Early Registration Ends*
Feb 21	MANDATORY Coaches Meeting 6pm
Feb 28	Parents Meeting 6pm
March 5	Practices Begin
March 31	OPENING DAY! **

* \$15 late fee assessed
 ** Season Opening Ceremony
 10:30am (subject to change)

EVALUATION DATES

Feb 4	10am & 3pm
Feb 9	6pm
Feb 16	6pm

ALL PLAYERS MUST ATTEND ONE EVALUATION DATE

* Tee Ball & HS Varsity Softball will not require evaluations.

Please detach & keep this side.

REGISTRATION FORM

Player Last Gender: M F Age

Player First Date of Birth

School Grade (11-12 year)

Home Phone Work Phone

Email (important to communicate recreation information)

Address

City/State Zip

Parent Name Contact Phone

Parent Name Contact Phone

Emergency Contact Contact Phone

Do You Attend A Local Church? Church Name

List Any Siblings Participating (grades too)

Years of organized baseball/softball

Participant Notes

FEES

T-Ball & Coach Pitch \$75
 JV Baseball & Softball \$95
 HS Varsity Softball \$45

*Additional fees assessed for any changes in uniform sizing

The JV Divisions have higher fees due to additional equipment, set up, umpires, and the end of the year tournament.

DIVISION OF PLAY (check one)

Coed T-Ball
K4 & K5

Coed Advanced T-Ball
1st GR

Coach Pitch Minors Boys
2nd & 3rd GR

Coach Pitch Majors Boys
4th & 5th GR

JV Baseball Boys
6th to 8th GR

CP Softball Girls
2nd to 4th GR

JV Softball Girls
5th to 8th GR (Modified Pitch)

HS Varsity Softball
9th to 12th GR
Girls Fast Pitch, Boys Slow Pitch.

WOULD YOU BE WILLING TO COACH YOUR CHILD'S TEAM?

YES NO

Name

Contact Number

If there is one night your child cannot practice, please check one and we will try to accommodate you.

Monday
 Tuesday
 Thursday
 Friday

JERSEY SIZE (circle one)

Boys
 YS YM YL YXL
 AS AM AL AXL AXXL

Girls
 YS YM YL YXL
 AS AM AL AXL AXXL

* NOTE: Sizing uniforms will be tried on at time of Evaluations

Staff Initial Parent Initial

OFFICE USE ONLY

Check, Cash, OR Credit Card (+ 3% Surcharge for credit) Accepted

Date Fee Received Payment Type

Amount Initial