



**OXFORD RECREATIONAL
BASEBALL REGISTRATION FORM
2008**

P.O. BOX 608
OXFORD, MI 48371

LEAGUE USE ONLY
Birth Certificate_____
Check_____
Cash_____

PLEASE CHECK SHIRT SIZE
YOUTH: ___S___M ___LG___
ADULT: ___S___M ___LG___XL

PLEASE CHECK PANT SIZE
YOUTH: ___S___M ___LG___XL
ADULT: ___S___M ___LG___XL

Dear Parents & Players:

The 2008 Baseball Season is fast approaching! We look forward to making your summer a fun and exciting time. We will have leagues for all youths who will be 5 to 14 years old by **April 30, 2008.**

Registration Fees One Player \$85 Two Players \$160 Three or More \$225

Registration procedures are as follows:

- A. **ALL FIRST YEAR REGISTRANTS MUST REGISTER IN PERSON AND BRING A BIRTH CERTIFICATE.**
- B. First-year players must, and all other players may register in person at the **Oxford Parks & Rec. Office** on the following dates: **Saturday, March 8th and Sunday, March 16th between 2:00 PM. - 5:00 PM.**
- C. All returning players may register by mail using this form and sending it with a check payable to "ORBA" at P.O.Box 608 Oxford, MI 48371: Questions: Visit our website at www.orbabaseball.com.

NOTE: PLAYERS WHO REGISTER AFTER March 19, 2008 WILL BE SUBJECT TO AVAILABILITY OF TEAMS!

PLAYER REGISTRATIONS RECEIVED AFTER March 19, 2008 WILL BE ASSESSED A \$10 LATE FEE!

**PLEASE FILL OUT THE FOLLOWING INFORMATION AND DO NOT DETACH. RETURN COMPLETE FORM!!!
(ONE FORM PER PLAYER!)**

Baseball Divisions Offered: Check One (age child will be on 4-30-08)

Ages 5-6 T-Ball----- 9-10 1st Year Pitch----- 13-14 Pony -----
7-8 Coach Pitch----- 11 -12 Babe Ruth-----

Player Name (Print) First _____ Last _____ Email _____

Date of Birth Month _____ Day _____ Year _____ School _____

Address _____ Zip Code _____ Phone _____

PARENTS, if you would be willing to manage or coach a baseball team, please check this box If you would be willing to umpire, please check this box NOTE: subject to availability

I/we, the undersigned, agree to let our child play in the **O.R.B.A.** Baseball League. I/we also understand and agree that he/she will be assigned to a team according to league rules. 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 it's 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 \$10.00 fee will be assessed for all returned checks.**

Signature of Parent/Guardian _____

BUDDY SYSTEM: In order to share rides to games and practices, we have a buddy system. Both players must be in the same age bracket, and both players' names **must** appear on each other's registration form. Buddy system **DOES NOT** apply to frozen players. **Only two players can be tied together using the Buddy System.**

Buddy Name (Print) _____ Phone _____

Address _____ Zip Code _____

ORBA Board meetings are held at Oxford Middle School on the second Thursday of every month in room 136 at 7pm. All are welcome to help make our league as successful as possible.

