



## OAK PARK YOUTH BASEBALL/SOFTBALL Registration Form

Player: \_\_\_\_\_ Street Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Age: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_\_

Registration for  Baseball  Softball

PLAYER – Special Medical Needs: Allergy (drug & food etc.)

\_\_\_\_\_  
Parent/Guardian – Name: \_\_\_\_\_ Daytime Phone (if different than above): \_\_\_\_\_

Address (if different than above): \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship (circle): Mother Father Other: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Emergency Contact – Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

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### For League Use Only

Fee Paid - \$35

Medical Release

Season \_\_\_\_\_

Pintos  Mustangs  Broncos

Jr's  Colts

Visit our website [www.oakparkrbi.com](http://www.oakparkrbi.com) or email us at [oakparkrbi@yahoo.com](mailto:oakparkrbi@yahoo.com)