

City of Orange Division of Recreation
Monte Irvin Baseball Program
Baseball Registration Form
All Participants Must Provide Proof of Address

Player Name: _____ Gender ___M ___F

Address: _____

City: _____ New Jersey, Zip _____

Circle one North Ward South Ward East Ward West Ward

Home Phone: _____ Birth date: _____ Age:(at 8/1) _____

School: _____

New Registrant?: ___ Yes ___ No (If yes provide copy of Birth Cert)

Registration \$25 No Personal Checks or cash will be accepted M.O. _____

This is a program for Orange Residents all Non-Residents must pay \$ 40 per child, After the season begins there will be no refunds nor transfers of fees to another player or sport.

PLEASE CHECK THE ACTIVITY YOU WISH TO PARTICIPATE IN

Ages (5-7) Tee Ballers _____ (8-9) Minors _____ (10-12) Majors _____

PARENT OR GUARDIAN

Name: _____

Cell Phone: _____ Business Phone: _____

Email Address _____

EMERGENCY

Name: _____ Relationship: _____

Home Phone: _____ Day Phone: _____ Cell _____

PLEASE READ CAREFULLY

I, the parent or guardian of the above name registrant, hereby give my approval for the registrant to participate in any City of Orange, Division of Recreation Baseball Activity and understand as a parent or guardian I must abide by the rules and regulations set forth in the parent manual, and volunteering and fundraising activities are mandatory.

All necessary precautions will be taken to protect each child from physical harm or property loss. However, the undersigned agree(s) that they do jointly and severally indemnify and hold harmless the City of Orange Township against liability for any and all claims for damages to property or injury to or death of my child or ward arising out of the scheduled activities.

Registration fees are non-refundable after the baseball season begins.

Parent/Guardian: _____ Date _____