

OLMSTED TRAVEL BASEBALL ASSOCIATION

P.O. Box 38204, Olmsted Falls, Ohio 44138

Website: www.olmstedtravelbaseball.com Facebook: Olmsted Travel Baseball Association

2013 REGISTRATION FORM

(All registrations and fees must be received by Saturday, February 9th)

Walk-in registration for Olmsted Falls Travel Baseball players will be held on the following dates and locations. You may also mail your registration and a copy of your birth certificate to the above address.

Wednesday, February 6th 6:00pm – 8:00pm OF High School Cafeteria
Saturday, February 9th 9:00am – 11:00am OF High School Cafeteria

NOTE – Players registering after February 9th are not guaranteed placement on a team. Registrations postmarked (if mailed) or received (if delivered) after February 9th will be assessed a **\$25 late fee**. If, for any reason, you cannot pay the full fees at the time of registration, please contact Bob Kelley at the number below to make special arrangements. We do not want to have to turn away anyone from playing travel baseball and will make every effort to assign each player to a team, however rosters have limited space.

2013 Registration Fees

L.C.H.S. Farm Minor - Age 6	_____	\$130	L.C.H.S. GG – Age 11	_____	\$200
L.C.H.S. Farm Major - Ages 7-8	_____	\$130	L.C.H.S. G – Age 12	_____	\$200
CVBA** U8	_____	\$160	L.C.H.S. FF – Age 13	_____	\$200
CVBA / Puritas/** U9 and older	_____	\$200	L.C.H.S. F – Age 14	_____	\$200
L.C.H.S. HH – Age 9	_____	\$200	L.C.H.S. EE – Age 15	_____	\$200
L.C.H.S. H – Age 10	_____	\$200	L.C.H.S. E – Ages 16-18	_____	\$200

*Depending on # of registrations, Hot Stove teams might be divided up by class HH, H, G, GG, F, FF (i.e. – all 9 year olds play HH, all 10 year olds play H). Lorain County Hot Stove (L.C.H.S) birth date cutoff – the age you are on June 1, 2013 is the youngest age group in which you may play. ** CVBA / Puritas birth date cutoff – the age you are on May 1, 2013 is the youngest age group in which you may play

COPIES OF BIRTH CERTIFICATES MUST BE PROVIDED TO O.T.B.A. FOR ALL PLAYERS AT TIME OF REGISTRATION

MAKE ALL CHECKS PAYABLE TO “OLMSTED TRAVEL BASEBALL ASSOCIATION”

Player Name: _____ Phone Number: _____

Street Address: _____ Falls or Township (circle one)

City and Zip Code if you do not live in Olmsted: _____

Date of Birth: _____ Age on June 1, 2013: _____

E-mail: _____ Mother's Name: _____ Father's Name: _____

Requests or Comments (**we cannot guarantee any coaching requests will be honored**):

2012 Coach _____ Do you prefer to remain with the same coach? **Y or N**
(circle one)

***** **For League Use** *****

Payment: Cash _____ Check # _____ Amount \$ _____

Registration received by: Mail _____ Sign-up _____ Date Rec. _____

OLMSTED TRAVEL BASEBALL ASSOCIATION BOARD OF DIRECTORS

President: Bob Kelley 440-376-0790
Vice President: Bob Wikle 440-241-6086

Treasurer: Bob Zalac 440-235-9169
Secretary: Duane Meyer 440-427-0463

OLMSTED TRAVEL BASEBALL ASSOCIATION

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RELEASE & CONSENT FOR MEDICAL TREATMENT FOR MINOR

Registrant's Name (please print)

Street Address City, State, Zip

Primary Phone Number

Secondary Phone Number

Emergency Contact Name

Emergency Contact Phone

RELEASE

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the Olmsted Travel Baseball Association, its affiliated organizations, and sponsors. Recognizing the possibility of physical injury associated with baseball and in consideration for the Olmsted Travel Baseball Association, accepting the registrant for its baseball programs and activities (the Program), I hereby release, discharge, and/or otherwise indemnify the Olmsted Travel Baseball Association, its affiliated organizations, and sponsors, their employees, volunteers and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from same, which transportation is hereby authorized.

CONSENT FOR MEDICAL TREATMENT

As the parent or legal guardian of the registrant, I hereby give my consent for emergency care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions as necessary to preserve the life, limb, or well being of my dependent.

Manager Name (please print)

Parent or Legal Guardian (please print)

Manager Signature / Date

Parent Signature

Assistant Manager's Name (please print)

Date

Assistant Manager Signature / Date

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