

Rogers County Baseball Association

P.O. Box 453 · Claremore, OK 74018

REC PLAYER FEES: 5 & 6 Yr. Olds - \$70; 7, 8, 9 & 10 Yr Olds - \$85; 11, 12, 13 & 14 Yr. Olds - \$100

Last Name: _____ First Name: _____ Sex: _____

Address: _____ City: _____ St: _____ Zip: _____

Phone(Home): _____ (Cell): _____ (Pager): _____

Birthdate: Month _____ Day _____ Year _____ **Age on April 30, 2012** _____

Must be Age 5

PLEASE LIST PARENTS OR STEPPARENTS WITH WHICH THE CHILD RESIDES

Name: _____ Place of Employment: _____ Bus. Phone: _____

Name: _____ Place of Employment: _____ Bus. Phone: _____

Person to Notify in Case Of Emergency: _____ Phone: _____

Doctor to Notify in Case Of Emergency: _____ Phone: _____

List any Medical Problems or Prohibitions of Player: _____

Number of Prior Season Played: _____ Year Last Played: _____ Last Team: _____

Postions Played: _____ School: _____

Parental Support

Name: _____ Phone: _____

Coach: _____ Assistant: _____ Sponsor: _____ Other: _____ Commissioner: _____

Release of Liability

I, the Parent/Guardian of the registrant, a minor, agree that I and registrant will abide by the rules of the RCBA, its affiliated organization and sponsors. Recognizing the possibility of physical injury associated with baseball and its consideration for RCBA accepting the registrant for its baseball programs and activities (the "Programs"), I hereby release, discharge and/or indemnify the RCBA, it affiliated organizations and sponsors, their employees 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 registrants participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

Signature of Parent or Guardian: _____ Date: _____

Medical Consent

As the parent of legal guardian of the above-mentioned player, I hereby give my consent for emergency medical care by any state licensed physician, dentist, hospital or EMS. This care may be given under whatever conditions are necessary to preserve life, limb or well being of my dependant.

Signature of Parent or Guardian: _____ Date: _____

Zero Tolerance

A "**Zero Tolerance**" approach will be taken against any players, coaches and spectators who display or disrespect toward officials, players, coaches and spectators of the opposing team. This is not a rule. It has always existed. Spectators must refrain from yelling profanities and other verbal insults from the stands either directed at the officials, coaches or opposing players. Players and coaches can do their part by learning to respect the umpire's decisions. It is important that everyone refrain from using abusive language or gestures directed at officials, coaches, opponents and other spectators. Letters or complaints filed from the past regarding an officials actions have not gone unanswered. All complaints are reviewed and, if warranted, have resulted in suspension and in some cases have led to the umpire's dismissal. Complaints range from rule interpretation to misuse of authority. If it is a problem, let us correct it thru proper channels, not on the field.

I have read the **Zero Tolerance** rule and by signing this I agree to abide by it.

Signature of Parent or Guardian: _____ Date: _____

Signature of Parent or Guardian: _____ Date: _____