



Owen's Place Baseball

Player Name _____ Address _____

Parent #1 Name _____ Phone # _____ Email: _____

Parent #2 Name _____ Phone # _____ Email: _____

UNIFORM INFORMATION

Player Information Shirt Size _____ Youth Small thru Youth Large or Adult Small thru Adult XXXL

Hat Size Circle Youth or Adult

Requested Player Number _____

By signing, I/We agree all the above sizing information is correct, I understand that there may be an additional charge for changes.

Signature _____ Date _____

PAYMENT INFORMATION

Owen's Place Baseball understands that finances are tight for many families. We do offer a payment plan to help with the budget. I/We understand that the following payment plan was designed to help my family and I/We agree to abide by the following payment plan. I further understand that my child's uniform will not be released until all monies owed are paid. Any checks submitted resulting in "Insufficient Funds" will be charged an additional \$25.00 fee.

Signature _____ Date _____

PLAYER/FAMILY PROTECTION

By signing below Owen's Place Baseball is not liable for any/all injuries associated with any activities related to the baseball program. As a responsible adult I will ensure an individual of legal age will be present before, during and immediately following any baseball game to provide care and assistance to the baseball player as needed.

Signature _____ Date _____

FINANCIAL RESPONSIBILITY

Registration Fee \$30.00 Cash _____

_____ Check # _____

Registered by: _____