

Our Lady of Sorrows Church
Sports and Arts Kids League
213 Stanton Street, New York, NY 10002
(212) 673-0900, ext. 306

SPORTS CONTRACT

League use only →	<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Pictures
	<input type="checkbox"/> RBI Form	<input type="checkbox"/> Beacon Form
	<input type="checkbox"/> Fee: Receipt # _____	

BASEBALL

13-14 yrs. (14u) 15-16 yrs. (16u) 17-18 yrs. (18u)

TEAM: _____ **DRAFT**

PLAYER'S FIRST NAME (PRIMER NOMBRE DEL JUGADOR) (Print)		PLAYER'S LAST NAME (APELLIDO DEL JUGADOR) (Print)	
STREET ADDRESS (DIRECCION)			APT.
CITY (CIUDAD)	STATE (ESTADO)	ZIP (ZONA)	HOME/MOBILE TELEPHONE (TELEFONO)
EMAIL ADDRESS (DIRECCION ELECTRONICA)			PLAYER'S SCHOOL (ESCUELA DEL JUGADOR)
DATE OF BIRTH (MONTH/DAY/YEAR) / /	AGE PLAYER WILL BE AS OF APRIL 30th	GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
ETHNICITY: <input type="checkbox"/> White (non Hispanic/Latino)		<input type="checkbox"/> Hispanic/Latino	
<input type="checkbox"/> Black/African American (non Hispanic/Latino)		<input type="checkbox"/> Asian/Pacific Islander	
<input type="checkbox"/> Other (explain): _____			
DO YOU LIVE IN NYC PUBLIC HOUSING? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHICH NYC PUBLIC HOUSING? <input type="checkbox"/> Baruch <input type="checkbox"/> Gompers <input type="checkbox"/> Lillian Wald <input type="checkbox"/> Riis <input type="checkbox"/> Other: _____		
EMERGENCY CONTACT NAME (NOMBRE DE EMERGENCIA)		EMERGENCY CONTACT TELEPHONE (TELEFONO DE EMERGENCIA)	
EMERGENCY CONTACT RELATIONSHIP TO PLAYER		ALTERNATE CONTACT NAME & PHONE (NOMBRE DE CONTACTO ALTERNATIVO)	
DOES THE PLAYER HAVE ALLERGIES, TAKE MEDICATION OR HAVE A SPECIAL MEDICAL CONDITION? IF SO, PLEASE LIST.			

Would you be interested in buying a parent's team t-shirt (circle one)? YES NO Size _____

Would you be interested in coaching/managing a team? YES NO

RELEASE FORM

I am aware and understand the inherent risk and the potential of injury that exist when traveling and in participation of this activity. Each player and parent(s) or guardian agrees to discharge and waive the Archdiocese of NY, OLS Church Little League, Our Lady of Sorrows Church, Our Lady of Sorrows Sports and Arts Kids League, Coaches, Managers and Volunteers from any liability arising from injury as a result of this activity.

REQUIREMENTS

- 1) PLAYER, FRIENDS AND ALL FAMILY MEMBERS MUST OBEY ALL LEAGUE RULES WHICH WILL BE EXPLAINED BY YOUR TEAM'S MANAGER.
- 2) PARENT MUST ATTEND A LEAGUE-WIDE MEETING.
- 3) LEAGUE FEE PAID IN FULL 4) SUBMIT TWO PHOTOS AND A COPY OF PLAYER'S BIRTH CERTIFICATE
- 5) *PLAYER MUST PLAY AT LEAST A MINIMUM OF 75% OF THE GAMES IN THE SEASON TO RECEIVE A TROPHY.*

PLAYER'S SIGNATURE _____

PARENT/GUARDIAN'S SIGNATURE _____ RELATIONSHIP _____

PARENT/GUARDIAN'S NAME _____ DATE _____

This League Official certifies that the Parent/Guardian has completed this application.

LEAGUE OFFICIAL SIGNATURE _____ DATE _____