

**Our Lady of Sorrows
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 # _____	

GIRLS SOFTBALL

13-15 yrs. (15u) 16-18 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 (CORREO ELECTRONICO)			PLAYER'S SCHOOL (ESCUELA DEL JUGADOR)
DATE OF BIRTH (MONTH/DAY/YEAR) / /	AGE OF PLAYER AS OF DEC 31, 2017		GENDER: 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		OTHER CONTACT NAME & PHONE (OTRO NOMBRE Y TELEFONO DE CONTACTO)	
DOES THE PLAYER HAVE ALLERGIES, TAKE MEDICATION OR HAVE A SPECIAL MEDICAL CONDITION? IF SO, PLEASE LIST.			

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

Are you interested in coaching a team/Quisiera manejar un equipo? YES NO

RELEASE FORM

I am aware and know that participation in baseball or softball as well as any traveling involved in this activity may result in serious injuries and protective equipment does not prevent all injuries to players. Each player agrees and parents/guardians agree to waive, release, discharge and agree to hold harmless the Archdiocese of NY, OLS Church Little League, Our Lady of Sorrows Church, Our Lady of Sorrows Sports and Arts Kids League, OLS-LES LL, Little League Baseball Inc., organizers, coaches, managers, sponsors 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 (PRINT) _____ DATE _____

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

LEAGUE OFFICIAL SIGNATURE _____ DATE _____