



PLAYER REGISTRATION FORM

PLAYER INFORMATION

| | | |
|--------------------------------|-------------|----------------|
| Last Name: | First Name: | Date of Birth: |
| Address: | City: | Zip: |
| Age (as of 4/30 of this year): | Phone: | School: |

BASEBALL EXPERIENCE

| | | | |
|----------------------------------------|--------------------------|----------|-----------|
| Number of years in organized baseball: | Number of years in NOBF: | | |
| In what league(s)?: | | | |
| Position(s) Played: Pitcher: | Catcher: | Infield: | Outfield: |
| Explain: | | | |

PARENT AND/OR GUARDIAN INFORMATION

Does the registering player have any medical problem that the North Oakland Baseball Federation should be made aware of?

Yes _____ No _____ If yes, please indicate: _____

Please indicate your interest in the following:

Managing: _____ Coaching: _____ Assistant Coaching: _____ Other Capacity: _____

Would you, or someone you know, be interested in sponsoring an NOBF team?

Yes _____ No _____ If yes, please indicate the potential sponsor: _____

NOBF does NOT place players on teams (this is between parents and team management), nor does NOBF become involved with team finances, nor does NOBF endorse the qualification of any coach or the suitability of a person to coach a child. As such, NOBF does not conduct a background check on any person coaching a team registered in NOBF.

NOBF urges its member organizations and teams to conduct background checks of coaches and team personnel to protect the children in their charge. Parents are encouraged to likewise check and satisfy themselves with the integrity and fitness of their child's coaching staff.

NOTE: USSSA Insurance, as required for all NOBF teams, *may* require background checks. It is up to individual teams to comply with these stipulations.

PARENT/GUARDIAN INDEMNIFICATION

The undersigned, as parent or legal guardian for the above named child, holds harmless, and indemnifies the NORTH OAKLAND BASEBALL FEDERATION, INC. (NOBF), its Board of Directors, Managers, Coaches, Agents, Owners of properties, facilities, equipment utilized by the NOBF, all representatives of this Federation, for any accidents, illnesses or mishaps whatsoever which may occur from participating in the NORTH OAKLAND BASEBALL FEDERATION programs. By signing this registration form I agree that the NOBF and its affiliates may use images of baseball events, including photographs of my child's likenesses, in promotion of the NOBF and other legitimate purposes on an unrestricted basis without compensation or further consent.

Signature: _____ Date (Mo/Day/Yr): _____

Printed Name: _____