

OPPORTUNITY LEAGUE 2010 REGISTRATION

All forms may be obtained online at www.pelhamonline.com

. You may register in the following ways:

- (1) Mailing the registration form with a check to Pelham City Hall. (PO Box 1419 Pelham, Alabama 35124 Attention: (Baseball/Softball Registration). Jan. 01--- Jan. 31 2010.
- (2) On the following Saturdays from **1:00PM – 3:00PM January 16 & 23** at the Parks & Recreation office.

ELIGIBILITY The Opportunity League will be open to children from any area, ages 5 – 21 with a mental or physical disability.

REGISTRATION FEES

The fee for the first child is \$75. This fee will decrease by \$10.00 for each additional child in a family up to three children. A scholarship program is in place to assist families with the cost of registration if they can not afford it. (See scholarship application)
The registration fee includes the uniform (jersey and hat), supplemental insurance, equipment replacement and trophies.

EVALUATIONS

Player evaluations for the 2010 season will be February 06, 2010. Players must notify Billy/Robert at 620-6426 if he/she will not be able to attend the February 06 evaluation with a valid reason.

Division	Time	Field
Opportunity League	10:00 AM	Fungo Holler

PROSPECTIVE COACHES AND ASSISTANT COACHES

Anyone interested in coaching or assisting a team (including former coaches and assistants), may obtain the volunteer form online at www.pelhamonline.com or www.eastersealsbham.org. This form must be filled out and given back to Billy/Robert prior to January 29, 2010. Coaches will be notified of their acceptance by February 5, 2010. ***A criminal background check will be run on all managers and coaches for the safety of our children.***

IMPORTANT DATES TO REMEMBER 2010

January 01--- 31	Mail in registration dates
January 16 (Saturday)	Registration at Park and Rec. office 1:00PM – 3:00PM
January 23 (Saturday)	Registration at Park and Rec. office 1:00PM – 3:00PM
January 29 (Friday)	Manager/coaching forms deadline 2:00PM
February 05 (Friday)	Managers notified of acceptance to manage
February 06 (Saturday)	Evaluations at Fungo Holler Park off Hwy 52
February 06, 07 (Sat, Sun]	Player Draft (TBA) Dates may change
February 14 (Sunday)	Equipment Pickup Park Shop
February 15 (Monday)	Official Practice Begins
March 27 (Saturday)	Opening Day/Picture Day {Ceremonies begin at 9:00AM}

Based on field availability, the opportunity league will try to practice 1 time per week and play games on Saturdays.

Opportunity League Registration Form

Player Name: _____ Male _____ Female _____

Date of Birth: ___/___/___ School: _____

Street Address: _____

City: _____ Zip: _____ Home Phone: _____ Cell: _____

Fathers Name: _____ Mother's Name: _____

Medical Information and Release

Disability, if any: _____
(short description)

Special Medications/ Precautions: _____

Abilities: _____

(Please describe if child is able to walk independently, uses a wheelchair, walker, etc.) This helps us balance teams

Family Physician: _____ Phone: _____

Friend or relative to notify if parents cannot be reached:

Name: _____ Phone: _____

Name: _____ Phone: _____

If the above named child needs emergency medical treatment and neither a parent nor the family physician can be reached. Consent is hereby granted for such emergency treatment as may be considered necessary in the option of the attending physician.

Signature of Parent or Guardian: _____

Consent and Information

I/ We know that participation in baseball/softball may result in serious injuries, and protective equipment does not prevent all injuries to players. I/we do hereby waive, release, absolve, indemnify, and agree to hold harmless the City of Pelham and/ or Easter Seals of the Birmingham Area, the organizers, sponsors, participants, and persons transporting my/our child to and from activities for any claim arising out of any injury to my/our child, whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance.

Parent/ Guardian Name (print): _____ Date: _____

Parent/ Guardian Signature _____

Player Information OPPORTUNITY DIVISION

Child's legal name _____
(first) (middle) (last)

Child's medical diagnosis _____

The Opportunity League is organized specifically for children with mental or physical conditions that prohibit safe participation in other divisions. **Please describe the medical condition that makes your child eligible for Challenger play.**

Each Opportunity League player will be assigned a buddy to assist during games and practices. **Is there specific information that will help in the selection of a buddy for your child?**

Is there other information that will help the coaches and buddies provide the best Opportunity League for your child?

MEDICAL INFORMATION

Allergies (food, bee stings, medication, etc.)	Yes	No	Asthma	Yes	No
Dietary Restrictions	Yes	No	Seizures	Yes	No
Physical Limitations/Restrictions (including wheelchairs, walkers, crutches)	Yes	No	(type and frequency)		
Heart Difficulties	Yes	No	Speech Difficulties	Yes	No
Hearing or Visual Limitations (hearing aids, glasses, contacts)	Yes	No	(use of communication devices)		
Any Unusual Fears	Yes	No	Easily Upset	Yes	No
Other			Physically Aggressive	Yes	No
			Medications	Yes	No
			(type and diagnosis)		

If answered yes to above, please explain _____

(Please write on back if needed)

I/We understand that a parent/guardian must accompany the child at all times.

 Signature of Parent or Guardian

 Date

**City of Pelham and Easter Seals of the Birmingham Area
OPPORTUNITY LEAGUE**

Release of Liability

I/ We, the parent(s) or legal guardian(s) of _____, hereby give my/ our permission for him/ her to participate in any and all City of Pelham Parks and Recreation activities.

I/ We know that participation in baseball could result in serious injuries and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify and agree to hold harmless The City of Pelham Parks and Recreation Department, Easter Seals of the Birmingham Area, its officers and directors, the organizers, sponsors, supervisors, participants and persons transporting my/ our child, whether the result is negligence or from any other cause, except to the extent and in the amount covered by accident or liability insurance, if any.

I/ We hereby give my/our consent for any emergency medical treatment as approved by the manager or other adult escort in case of illness or injury while participating in Opportunity League games, practices or related activities. I/We understand that this is to prevent undue delay and assure prompt treatment and that only a licensed health care provider will engage for such an emergency.

Parent/ Guardian Signature _____ Date: _____

Photo Release

I hereby give Easter Seals of the Birmingham Area and the City of Pelham the absolute and irrevocable right and permission, with respect to the photographs and/or story of me:

- To use, re-use, publish and re-publish the same in whole or in part, individually or in conjunction with other photographs, in any medium and for any purposes whatsoever, including (but not by way of limitation) illustration, promotion, and advertising and trade, for a period of five years.

I hereby release and discharge Easter Seals of the Birmingham Area and the City of Pelham, from any and all claims and demands arising out of or in connection with the use of the photographs or story, including any claims from libel.

I have read the forgoing and fully understand the contents thereof.

Parent/ Guardian Signature _____ Date: _____