



Player Registration Form

PLAYER INFORMATION

Last Name: _____ First Name: _____ Date of Birth: _____
Address: _____ City: _____ Zip: _____
Age (as of 4/30 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: _____

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.

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

Thank You!