Date:



SM Baseball Academy

Fall Academy 2019 Registration Form

Registration Form									
General Information- Please use ink									
Player's Name- Last			First				Middle Initial		
Address				City		Stat	 p	Zip	
, radiess				City		State	C	216	
School Enrolled						Gr	ade		
Gender : □ Male □ Female	Date of Birth		Age						
Father's Name	Cell Phor	Cell Phone				Email Address			
Mother's Name	Cell Phor	Cell Phone			Email Address				
Doctor	Phone	Phone				Preferred Hospital			
Medical History (allergies, injuries, etc.)									
All registration forms must be accompanied by the Waiver Release Form.									
Parent or Legal Guardian's Signature			Date						
Payment Plans-			Payment Method:						
☐ Players already in Acader	my:		□ <u>Cas</u>	<u>sh</u>					
Option 1- One Tine Fee \$350.			□ Check Payable to OD Sports LLC						
Options 2- Pay Monthly \$100 per month.			Mail check and registration form to:						
Both Option includes 2 practices per week Monday			OD Sports LLC						
and Thursday from 6 to 8pm (ages 4- 10)			PO Box 558633 Miami, FL 33255						
(Not Included Fall Leagues Fees & Game Uniforms TBA for player's on travel Grapeland or Glades League.)			□ <u>Cr</u> e	dit Car	<u>d</u>				
			* Please note all payments are non-refundable.						

New Players: Option 1- One Tine Fee \$475. (includes Registration Fee for the Academy) Options 2- Pay Monthly \$125 per month. (Includes Registration Fee for Academy) Both Option includes 2 practices per week Monday and Thursday from 6 to 8pm (ages 4- 10) (includes 2 practices jersey 1 practice cap. (Not Included Fall Leagues Fees & Game Uniforms TBA for player's on travel Grapeland or Glades League.) For Academy Use Only			Date:					
Amount Paid: \$	Option 1- One Tine Fee \$475. Fee for the Academy) Options 2- Pay Monthly \$125 (Includes Registration Fee for Both Option includes 2 practi and Thursday from 6 to 8pm (includes 2 practices jersey 1 (Not Included Fall Leagues Fetal For player's on travel Gra	per month. Academy) ces per week Monday (ages 4- 10) practice cap. es & Game Uniforms						
Amount Paid: \$								
Amount Paid: \$		For Acader	nv Use Only					
Division Team Coach WAIVER RELEASE FORM I, the undersigned parent or legal guardian of: do hereby consent and agree that the above-named minor may participate in the South Miami Youth Baseball League/OD SPORTS LLC, or any other sport sponsored by the said association. It is agreed and understood that the named association or its officers or sponsors will not be held responsible or liable for injuries and/or further loss as a result of such participation, including, but not limited to, games, practices, travel, camps and/or being a spectator. It is further agreed and understood that this consent shall remain in full force and effect until such time as the undersigned parent or legal guardian shall notify the South Miami Youth Baseball League/OD Sports in writing of the abrogation or cancellation of this consent. I understand and agree to abide by the Rules of the South Miami Youth Baseball League/OD Sports and to conduct myself in a manner consistent with the objectives	Amount Paid: \$		•	Release Form:				
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of the league/camps. Any misconduct, profanity, or other actions detrimental to the spirit of good sportsmanship and fair play can result in expulsion from the league/camps and Park premises during the time of league/camps play.								