

**FALL LEAGUE 2017**  
**CAPE FEAR OPTIMIST CLUB, INC., WILMINGTON, NC.**

REGISTRATION FEE: \$45.00

PLAYER: LAST: \_\_\_\_\_ FIRST: \_\_\_\_\_ MI: \_\_\_\_\_ BIRTH DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

ADDRESS: \_\_\_\_\_ City: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ Parents EMAIL: \_\_\_\_\_

SHIRT SIZE (Circle one): YS - YM - YL - AS - AM - AL - AXL - AXXL

2017 CFO Spring League: \_\_\_\_\_ 2017 CFO Spring Team: \_\_\_\_\_

LOCATION PLAYED OTHER THAN CFO: \_\_\_\_\_

SPECIAL REQUESTS: \_\_\_\_\_

CAPE FEAR OPTIMIST CLUB WEB PAGE: **WWW.CAPEFEAROPTIMIST.COM**

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**A COPY OF THE CHILD'S BIRTH CERTIFICATE MUST BE ATTACHED TO THIS APPLICATION OR ALREADY ON FILE WITH THE CAPE FEAR OPTIMIST CLUB.**

To the Board of Directors, Cape Fear Optimist Club, Inc. I, the parent or guardian of the registrant above, do hereby give my consent and approval to his/her participation in all baseball/softball and associated activities during the current season he/she is eligible to participate. I assume all risks incidental to the conduct of the activities and transportation to and from the activities; and do further release, absolve, indemnify and hold harmless Cape Fear Optimist Club, Inc., the organizers, sponsors, and the supervisors, and or all of them. I likewise release from responsibility any person transporting my son/daughter to or from the activities.

By signing this instrument I agree I have read and understood the above statement.

PARENT OR GUARDIAN (PRINT NAME): \_\_\_\_\_

RELATIONSHIP TO CHILD: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

**\*\*\* DO NOT COMPLETE THE INFORMATION BELOW \*\*\***

**BASEBALL**

**SOFTBALL**

\_\_\_\_\_ TBALL (6U)

\_\_\_\_\_ DARLINGS (8U)

\_\_\_\_\_ COACH PITCH (8U)

\_\_\_\_\_ ANGELS (10U)

\_\_\_\_\_ MINOR LEAGUE (10U)

\_\_\_\_\_ PONYTAILS (12U)

\_\_\_\_\_ MAJOR LEAGUE (12U)

\_\_\_\_\_ BELLES (15U)

STATUS OF PLAYER: \_\_\_\_\_ RETURNING OR \_\_\_\_\_ DRAFT LEAGUE AGE: \_\_\_\_\_

BIRTH CERTIFICATE ON FILE: \_\_\_\_\_ YES \_\_\_\_\_ NO FEE PAID: \_\_\_\_\_ YES \_\_\_\_\_ NO

CAPE FEAR OPTIMIST REP INITIALS: \_\_\_\_\_ CASH: \_\_\_\_\_ CHECK # \_\_\_\_\_

ASSIGNMENT/ COMMENTS/ INSTRUCTIONS: \_\_\_\_\_

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