



# NORTH HOWELL LITTLE LEAGUE 2009 FALL BALL PLAYER REGISTRATION

Uniform Size Please Circle  
**Shirt** YS YM YL AS AM AL AXL

Total Fees Paid

Registration Fee

\$	
Volunteer Fee	N/A
Raffle Fee	N/A
Total	\$
Check Number(s)	
Raffle Ticket #'s	N/A

Paid by Cash or Check

Check Number(s)  
Raffle Ticket #'s

Player Name

Birth Date

Address

Gender

City/State/Zip

League Age  As of 4/30/10

Home Phone ( )

Division Played Spring 2009

Team Name

**Parent 1**

Name

Cell Phone ( )

Email

Occupation

Volunteer

**Parent 2**

Name

Cell Phone ( )

Email

Occupation

Volunteer

**Medical Information**

Emergency Contact:  Phone ( )

Relationship to Player

Insurance Carrier/Policy#

I/We the parents/guardian of the above named candidate for a position on a Little League team, hereby give my/our approval to participate in any and all Little League activities, including transportation to and from activities. I/We know that participation in baseball may 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 local Little League, Little League Baseball Incorporated, the organizers sponsors, supervisors, participants, and persons transporting my/our child to and from activities from any claim arising out of any injury to my. our child whether the result of negligence or for any other causes. I/We agree to return upon request the uniform and other equipment issued to my/our child in as good conditions as when received except for normal wear and tear. I/We agree that our child may be required to try-out for a team. If such does not attend at least 50% of the try-outs, local Board of Directors approval is required for such child to be placed on a team. I/We understand that my/our child may be chosen at anytime to play on a Major Division team, if he or she is of the correct age for such a division as determined by the local league and Little League Baseball. Declining to move up to such Major Division team will result in forfeiture of eligibility for the Major Division for the current season, and may be subject to further restrictions by the local league. I/We agree to provide proof of legal residence (as defined by Little League Baseball and age. I/We understand that our child must be eligible under the residence and age regulations of Little League Baseball to participate in this local Little League, and that if any controversy arises regarding residence and/or age, the decision of the Charter Committee is Williamsport shall be final and binding. I/We further understand that if any participant in Little League does not qualify for participation in the league based on age, such participant, and/or team on which he/she participates be found ineligible, and forfeit(s) and/or suspension of Tournament privileges may be decreased by actions of the Charter Committee or Tournament Committee. I/We will furnish a certified birth certificate of the above named candidate to League Officials.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

<b>League Use Only:</b>		
Birth Certificate	<input style="width: 150px; height: 20px;" type="text"/>	Volunteer Form
Medical Release	<input style="width: 150px; height: 20px;" type="text"/>	Coach Manager
Code of Conduct	<input style="width: 150px; height: 20px;" type="text"/>	Team Mom
Proof of Residency	<input style="width: 150px; height: 20px;" type="text"/>	Waiver Needed
		Division
		Team