

TRI-CITIES LITTLE LEAGUE PLAYER APPLICATION 2010 SEASON

Player Information

| | | |
|-----------------------------------|--------------------|----------------------|
| Last Name: | First Name: | Date of Birth: |
| League Age: | Last Level Played: | # of yrs experience: |
| School: | Teacher: | Grade: |
| Address: , , | | Referred by: |
| My child would like to play with: | | |

At the lower levels, we will attempt to place friends on a team with each other, but there are no guarantees.

| | |
|-------------|------------|
| Shirt Size: | Pant Size: |
|-------------|------------|

(Choices are Youth Small, Youth Medium, Youth Large, Youth XL, Adult Small, Adult Medium, Adult Large, Adult XL)

Parent/Legal Guardian Information

| | | |
|------------------|-------------|-------------|
| Parent (1) Name: | | Email: |
| Home Phone: | Work Phone: | Cell Phone: |
| Parent (2) Name: | | Email: |
| Home Phone: | Work Phone: | Cell Phone: |

Volunteer Job Selection

If you are unable to participate as a **League volunteer**, an additional contribution of \$75 is required. This contribution will be added to your registration fee. This contribution does **not** absolve you of your **Team volunteer** responsibilities

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|--|---|-----------------------------------|---|---|--|
| Who will Volunteer? | <input type="checkbox"/> Parent 1 | <input type="checkbox"/> Parent 2 | <input type="checkbox"/> Both Parents | <input type="checkbox"/> None | |
| Volunteer Position Options: (see www.tricitiesbaseball.org web site for more information) | <input type="checkbox"/> Manager/Coach | <input type="checkbox"/> Umpire | <input type="checkbox"/> Equipment | <input type="checkbox"/> Snack Shack Sup. | <input type="checkbox"/> Snack Shack Staff |
| | <input type="checkbox"/> Special Events | <input type="checkbox"/> Uniforms | <input type="checkbox"/> Fundraising / Sponsors | <input type="checkbox"/> Help as Needed | |
| How did you hear about us? | | | | | |
| Would you or you company be interested in sponsoring TCLL? | <input type="checkbox"/> Yes | | <input type="checkbox"/> No | | |

Participation in Little League Baseball requires the ability to run, throw, swing a bat, and catch a ball. Additionally, participation requires the capacity to understand the rules of the game.

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| Does your child have any current condition that limits his/her ability to participate in this activity (Y/N)? |
|---|

Little League Baseball does not limit participation in its activities on the basis of disability.

| | |
|------------------------|------------------|
| Health Plan: | Policy#: |
| Physician Name: | Physician Phone: |
| Physician Address: | |
| Allergies (or 'none'): | |

In case the parent/guardian cannot be reached, who would you like to be contacted?

| | | | |
|-------------------------|---------|---------|---------|
| Name: | Home #: | Work #: | Cell #: |
| Relationship to player: | | | |

I/We, the Parent/Guardian(s) of the above named player, hereby give my approval for the player to participate in all Little League activities, including transportation to and from activities.

I/We, know that participation in baseball may result in serious injury and protective equipment does not prevent all injuries to players. I/We, do hereby waive, release, absolve, indemnify, and agree to hold harmless, the local league, Little League Baseball, Inc, 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 of for any other cause, except to the extent and in the amount covered by accident of liability insurance.

I/We, will furnish a certified birth certificate, or other acceptable "proof of age" document, to the local league officials.

I/We, certify that my/our child resides in the above listed address.

Little League rules are strict on playing in the local league where the player lives. Little League insurance coverage is valid only for players residing in the local league boundaries and/or players granted valid waivers.

Parent/Guardian Signature: _____ Date: _____

| Age: (as of 4/30/2010) | Fee: | |
|---------------------------|--------------------|---------------------|
| | Through 12/31/2009 | 1/1/2010 – 2/2/2010 |
| 5-6 yrs | \$70 | \$95 |
| 7-8 yrs | \$110 | \$135 |
| 9-12 yrs | \$140 | \$165 |
| 13-16 yrs | \$165 | \$190 |

A \$40 snack shack deposit **per family** will be added to your registration fee. This deposit will be refunded upon completion of your team level snack shack responsibility

| | |
|---------------------------|-------|
| LEAGUE USE ONLY | |
| Proof of Age Check: | _____ |
| Residence Check: | _____ |
| Waiver Required: | |
| Fee Paid: | Date: |
| Deposit Paid: | Date: |
| President Initials: _____ | |