

TRI-CITIES LITTLE LEAGUE PLAYER APPLICATION 2009 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:
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(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

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"/> Snack Shack Aux 1	<input type="checkbox"/> Snack Shack Aux 2
	<input type="checkbox"/> Tournament Aux <input type="checkbox"/> Help as Needed (just let me know)			
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.

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 4/30/2009)	Fee:	
	Through 12/31/2008	1/1/2009 – 2/2/2009
5-6 yrs	\$70	\$95
7-8 yrs	\$110	\$135
9-12 yrs	\$140	\$165
13-16 yrs	\$165	\$190

LEAGUE USE ONLY

Proof of Age Check: _____

Residence Check: _____

Waiver Required: _____

Fee Paid: Date: _____

President Initials: _____