

CAPITOL PARK LITTLE LEAGUE FALL 2010 REGISTRATION

Player's Name: _____		Gender: (circle one) M F		Phone# _____
Address: _____			Zip: _____	
Date of Birth: _____	League Age: _____	School: _____		
(Age as of April 30, 2011 for Baseball and December 31, 2010 for Softball)				
Circle One: Tee Ball \$65 AAA \$80 Baseball \$80 Softball \$80				
Player Shirt size: Youth: SM M LG Adult: SM M LG XL XXL Preferred # _____				

Mothers Name: _____	Fathers Name: _____
Place of Employment: _____	Place of employment: _____
Occupation: _____	Occupation: _____
Work Phone: _____	Work Phone: _____
Cell Phone: _____	Cell Phone: _____
Email Address: _____	Email Address: _____


Emergency Contact Name: _____	Emergency Contact Number: _____
Name of Insurance Carrier: _____	

I/We, the parents(s) of the above named candidate applying for a position in a little league team, hereby give my/our approval to participate in any and all little league activities, including transportation to and from the activities. **I/We understand that I/we will be required to assist with field maintenance and in the concession stand.** I/We understand that participation of baseball or softball may result in serious injuries and protective equipment does not prevent all injuries to players and do waive, release, absolve, indemnify and agree to hold harmless the local little league, Little League, Incorporated, the organizers, sponsors, supervisors, participants and persons transporting my/our child to and from activities for any claims arising out of any injuries to my/our child whether the result of negligence or any other cause, except to the extent and in the amount covered by accident and liability insurance. I/We agree to return upon request, the uniform and other equipment issued to my/our child in as good of condition as when received except for normal wear and tear. I/We will furnish certified birth certificate of the above named candidate to the league officials. I/We swear to my/our knowledge to live within the league boundaries.

VOLUNTEER: I/We understand that the Little League is a volunteer organization. I/We would like to volunteer our services for: Umpire Manager Coach

Parent(s) or Guardian Signature(s) _____ Date: _____

PAYMENT INFORMATION:

	Capitol Park Little League (Local) Improvement Donation Amount	\$ _____
	Registration Fee Amount	\$ _____
	Voluntary Candy Fundraiser \$30	\$ _____
	TOTAL DUE:	\$ _____

Players are only entitled to a full refund before the draft has taken place. Once the draft has taken place, players are only entitled to 50% of the registration fees. **Once the season starts (games have begun), players are not entitled to a refund.** Your signature above verifies that you agree to these terms.

FOR LEAGUE USE ONLY:

Birth Certificate: _____	League Age: _____	Division: _____
Resides Within Boundaries: _____ Returning Player: YES or NO Team: _____		
Method of Payment: Cash _____ or Check# _____ Amount Paid: \$ _____		