

# CAPITOL PARK LITTLE LEAGUE - SPRING 2012 REGISTRATION

<b>Player Name:</b> _____		<b>Date of Birth:</b> _____	
<b>Address:</b> _____		<b>Gender:</b> Male <input type="checkbox"/> Female <input type="checkbox"/>	
<b>City/State/Zip:</b> _____		<b>Home Phone:</b> _____	
<b>Select One Division:</b>		<b>Shirt Size:</b> Youth: <input type="checkbox"/> Sm <input type="checkbox"/> M <input type="checkbox"/> L	
<input type="checkbox"/> Tee Ball - \$95	<input type="checkbox"/> AAA (Coach Pitch) - \$115	Adult: <input type="checkbox"/> Sm <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL	
<input type="checkbox"/> Baseball - \$145	<input type="checkbox"/> Softball - \$145	<b>Jersey #</b> 1) _____ 2) _____ 3) _____	
<b>Special Requests:</b> _____			

<b>Parent#1 Name:</b> _____	<b>Parent#2 Name:</b> _____
<b>Occupation:</b> _____	<b>Occupation:</b> _____
<b>Employer:</b> _____	<b>Employer:</b> _____
<b>Cell Phone:</b> _____	<b>Cell Phone:</b> _____
<b>Parent #1 Email Address:</b> _____	
<b>Parent #2 Email Address:</b> _____	


<b>Emergency Contact Name:</b> _____	<b>Emergency Contact Number:</b> _____
<b>Name of Insurance Carrier:</b> _____	

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  Team Mom

**FUNDRAISER:** I/We understand that the Little League has a fundraiser during the season and I/We would like to:  
 Participate in Fundraiser \$50  Pay fee of \$30.00 (per player) in lieu of Fundraiser participation

**Parent(s) or Guardian Signature(s)** \_\_\_\_\_ **Date:** \_\_\_\_\_

	Capitol Park Little League (Local) Improvement Donation	\$ _____
	Registration Fee	\$ _____
	Fundraiser Fee - \$50 or \$30 Opt-Out Fee (See Above)	\$ _____
	Late Fee \$15 (for registrations received after January 31, 2012)	\$ _____
	<b>TOTAL DUE:</b>	<b>\$ _____</b>

Players are only entitled to a full refund of the registration fees before the 2<sup>nd</sup> tryout date. After the 2<sup>nd</sup> tryout date, players are only entitled to a 50% refund of the registration fees. After March 1, 2012, no refund is available. Your signature above verifies that you agree to these terms.

**LEAGUE USE ONLY:**

<input type="checkbox"/> League Age: _____	Division: _____	Team: _____
<input type="checkbox"/> Birth Certificate Checked	<input type="checkbox"/> Resides Within Boundaries	<input type="checkbox"/> Fundraiser Checked
<input type="checkbox"/> Shirt Size	<input type="checkbox"/> Jersey Number	
Method of Payment: <input type="checkbox"/> Cash	<input type="checkbox"/> Check # _____	<input type="checkbox"/> Credit Card
		Amount Paid: \$ _____