

APPLICATION TO PLAY LITTLE LEAGUE® ROADRUNNER LITTLE LEAGUE FALLBALL 2010

Please Print Clearly

Male Baseball
 Female Softball

 Player's First Name, MI, Last Name Mon Date Year Born League Age* Division
*Baseball as of April 30, 2010
*Softball as of December 31, 2009

 Albuquerque, NM 87 _____
 Street Address City Zip Home Phone Number
PLAYER LIVES WITH; BOTH PARENTS **FATHER** **MOTHER** **GUARDIAN**

PLEASE LIST WHICH LITTLE LEAGUE YOU ARE A MEMBER OF: _____

FATHERS NAME _____ MOTHERS NAME _____
 OCCUPATION _____ OCCUPATION _____
 WORK PHONE _____ WORK PHONE _____
 EMAIL ADDRESS _____ EMAIL ADDRESS _____

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.

Yes No If "yes" please explain and identify any modification that would enable your child to participate.

Please indicate any physical limitation (allergies, hearing, sight, etc.) or any additional information or request: _____

Other family members playing Fall Ball: _____

Name of family hospitalization plan: _____

I/We, the parents 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 the activities.

I/We know that participation in baseball or softball 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 for any claim arising out of any injury to my/our child whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance. I/We agree to return upon request the uniform and other equipment issued to my/our child in as good a condition as when received except for normal wear and tear. I/We will furnish a certified birth certificate of the above-named candidate to League Officials.

Parent(s) or Guardian Signature: _____

Date: _____

We need adult VOLUNTEERS for Managers, Coaches and Umpires. If you would like to be A Manager, Coach or Umpire, (Circle), please provide the following information:

Name	Phone Number	Requested Division
Experience: _____	_____	_____

League Use Only

Paid by: CASH or Registration: \$ _____
 CHECK No: _____ Amount Paid: \$ _____
 REMARKS: _____

DIVISIONS

BRK	Rookie Baseball	Ages 6 to 7
BMN	Minor Baseball	Ages 8 to 9
BMJ	Major Baseball	Ages 10 to 11
BMJ	Junior Baseball	Ages 12 to 13
BSR	Senior Baseball	Ages 14 to 15
SRK	Rookie Softball	Ages 6 to 7
SMN	Minor Softball	Ages 8 to 9
SJR	Junior Softball	Ages 12 to 15