

Newton North Little League, Inc.

P.O. Box 400612, Newton, MA 02460

www.NewtonNorthLittleLeague.org



2011 FALL Registration Form Medical Release Scholarship Application

For Little League Use Only. Do Not Write in this Box

NNLL Initials: _____ Paid: _____ League Age: _____ Birth Certificate Verified: _____
League ID: _____ Division: _____ Team: _____ Date: _____

PLAYER INFORMATION

Player Name:	Gender: M or F
Player Address:	Date of Birth:
City, State & Zip:	Home Phone:
School:	Grade:
What division of NNLL was player in this past spring? T-Ball Rookie Farm AA AAA Major None Other League	
Player's image may be used on website, in program or promotional ads? Yes No	
Volunteer role you can support this fall: Manager/Coach Team Parent Shack Fundraising Administrative Other	

PARENT/GUARDIAN

Parent/Guardian Name:	Home Phone:
Parent Address:	Cell Phone:
City, State & Zip	Email:
Parent/Guardian Name:	Home Phone:
Email:	Cell Phone:

INSURANCE INFORMATION

Insurance Company:	Policy No.	Group ID:
Policy Holder:	Relationship to Player:	

MEDICAL INFORMATION

Physician:	Phone:	
Hospital of Choice:		
Medical Conditions/Limitations:		
Medications:	Dosage:	Frequency:
Medications:	Dosage:	Frequency:
Date of Last Tetanus Toxoid Booster:		

The purpose of the above listed information is to ensure that medical personnel have details of any medical issues that may interfere with or alter treatment.

EMERGENCY CONTACTS

Name Contact 1:	Phone:	Relationship:
Name Contact 2:	Phone:	Relationship:

If parents or guardians cannot be reached, please contact the people listed above.

By signing this Form: (1) I represent to NEWTON NORTH LITTLE LEAGUE, INC. (NNLL) that I am the parent, or guardian, of the above named player and agree to provide an acceptable birth certificate, attesting to his or her age; (2) I grant per-mission for the above named player to participate in NNLL, including playing, practicing, watching baseball and being involved in other NNLL events; (3) I understand there may be risks associated with Little League Baseball. I assume responsibility for all of those risks and release and waive NNLL and Little League Baseball, Inc., and their individual directors, officers, managers, coaches, umpires and any of their other volunteers, from any claims related to the above named player's participation in NNLL activities, including transportation to or from those activities; (4) I also agree to indemnify and hold them harmless in the event of any injury related to such participation; (5) I acknowledge that NNLL has a parental code of conduct and will uphold that code; and (6) I will also assist NNLL in its operations and fund-raising whenever possible.

Authorized Parent/Guardian Signature: _____ Date: _____

In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (ie: EMT, First Responder, E.R. Physician). **Warning:** Protective Equipment cannot prevent all injuries a player might receive while participating in baseball.

Authorized Parent/Guardian Signature: _____ Date: _____

Please complete this application form and mail to: Newton North Little League, P. O. Box 600412, Newton, MA 02460. You will be contacted by a League Official upon receipt of your application. All scholarship requests are confidential.

Questions regarding scholarships may be directed to Steve Mastromattei at stephenmastromattei@comcast.net