

# FAIRFIELD NATIONAL LITTLE LEAGUE

## Application to play Little League - Spring 2010

### PLAYER / PARENT INFORMATION

Player Last Name \_\_\_\_\_ First Name \_\_\_\_\_ DOB \_\_\_\_ - \_\_\_\_ - \_\_\_\_ League Age \_\_\_\_\_  
(League Use Only)

Address \_\_\_\_\_ Fairfield, CT 06824 06825 School \_\_\_\_\_

Phone (H) \_\_\_\_\_ Fathers Name \_\_\_\_\_ Mothers Name \_\_\_\_\_

Father (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_ Email \_\_\_\_\_

Mother (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_ Email \_\_\_\_\_

Uniform Sizes Shirt: YS YM YL AS AM AL Pants: YS YM YL AS AM AL

2009 Spring Team \_\_\_\_\_ Coach \_\_\_\_\_ Division: T-ball B A AA AAA Major

Would you like to coach? Yes \_\_\_\_\_ No \_\_\_\_\_ Did you complete a Volunteer form? Yes \_\_\_\_\_ No \_\_\_\_\_

If the player is LL age 10 or 11, do they wish to be evaluated for a Major Division team? Yes \_\_\_\_\_ No \_\_\_\_\_

Is your child playing another spring sport? Yes \_\_\_\_\_ No \_\_\_\_\_ If so what sport? \_\_\_\_\_

### MEDICAL INFORMATION

Emergency Contact \_\_\_\_\_ Phone(s) \_\_\_\_\_

Doctor Name \_\_\_\_\_ Phone \_\_\_\_\_ Insured With \_\_\_\_\_

Prescriptions \_\_\_\_\_

Allergies \_\_\_\_\_

Participation in Little League Baseball requires the ability to run, throw, swing a bat, catch a ball, and to understand the rules of the game. Does your child have any condition that limits his/her ability to participate in this activity? Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, please explain, and identify any modification that will enable your child to play. \_\_\_\_\_

### PARENTAL AUTHORIZATION

In case of emergency, if family physician cannot be reached, I hereby authorize my/our child to be treated by another physician. I/We the parent(s) 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 providing transportation to and from the activities. I/We know that participation in baseball 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 Inc., the organizers, sponsors, participants, and persons transporting my/our child to and from activities for any claim arising out of 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 will furnish a certified birth certificate of the above candidate to league Officials.

I understand that by registering my child for Little League, he or she is committed to attending all required team practices and games unless excused. I understand that participation in other sports and/or other baseball teams is not an acceptable excuse, and may result in suspension or expulsion from the Fairfield National Little League.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_ - \_\_\_\_ - \_\_\_\_

### LEAGUE USE ONLY

Form Complete \_\_\_\_\_ Phone # on Check \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_

Check Birth Cert. \_\_\_\_\_ Verify DOB \_\_\_\_\_ This Player \_\_\_\_\_

2nd Player Age (\_\_\_\_) \_\_\_\_\_

Registration # \_\_\_\_\_ Total Received \_\_\_\_\_

Notes: \_\_\_\_\_

## **FAIRFIELD NATIONAL LITTLE LEAGUE 2010 REGISTRATION**

Fairfield National Little League will register players for the upcoming 2010 spring season on **Wednesday, January 13<sup>th</sup> and Thursday, January 14<sup>th</sup> in the Fairfield Woods Middle School cafeteria from 6pm to 9pm each day.**

### **ELIGIBILITY**

Fairfield has two Little Leagues, National and American. The National League boundary consists of all residences that are in the Stratfield, North Stratfield, Jennings, Holland Hill, Burr and McKinley school districts. To be eligible to play in the National League children must be age 6 through 12 on May 1, 2010 and must reside within the National League boundary.

### **PROOF OF RESIDENCY**

Anyone that did not play in Fairfield National Little League during the **spring 2009** season is required to bring to registration a copy of their **birth certificate** and copies of **3 proofs of residency**.

### **FEES**

The fees will be as follows: T-Ball (league age 6) will be \$100, Minor B (league age 7) will be \$110, and all other ages will be \$140. All fees will include a uniform. Payment can be made by cash or check made payable to Fairfield National Little League. Each player registration received after Jan 15<sup>th</sup> will be subject to a \$25 late fee and will go on a waiting list.

### **EVALUATIONS**

Evaluations for the Major Division teams will be held on January 23<sup>rd</sup> and 24<sup>th</sup> at Fairfield Warde High School. At registration you will be able to signup for a time for your evaluation. Please come to registration prepared to signup for an evaluation time.

### **CONTACT INFO**

Anyone with questions should go to the website [www.fnll.org](http://www.fnll.org) or contact Fairfield National Little League at [fairfieldnational@yahoo.com](mailto:fairfieldnational@yahoo.com). Please realize that FNLL is a non-profit organization run entirely by volunteers and someone will respond to your emails as soon as possible.