

2010

Litchfield Baseball, Inc. Player's Agreement

The undersigned, wish to participate in the summer program of Litchfield Baseball, Inc. and will abide by the rules as administered by its managers, coaches, and officers. I agree to return any uniforms and league equipment at the end of the season.

THERE WILL BE NO REFUNDS FOR ANY REASON!!!

Name: _____ Address: _____
City: _____ Home phone: _____ Cell phone: _____ Birth Date: _____
Email: _____
Did you play last year? _____ If yes, give team name and age group: _____
Do you have a brother/sister that will play in the same age group as you this year?
If so, please give their name: _____

Girls Age Groups

<u>T-Ball (5-6)</u>	(Girls)---Players born on or between September 1, 2003 and August 31, 2005	\$35 _____
<u>Pitching Machine (7-8)</u>	(Girls)--- Players born on or between September 1, 2001 and August 31, 2003	\$45 _____
<u>Neptune (9-10)</u>	(Girls)--- Players born on or between September 1, 1999 and August 31, 2001	\$45 _____
<u>Venus (11-12)</u>	(Girls)--- Players born on or between September 1, 1997 and August 31, 1999	\$45 _____
<u>Mars (13-14)</u>	(Girls)--- Players born on or between September 1, 1995 and August 31, 1997	\$50 _____

Does your child have a medical condition that the coaches should know about?
Yes ___ No ___ If "yes", explain _____

I was a Manager/Assistant Coach last year: Yes ___ No ___ If yes, list full name: _____

I would be interested in managing or coaching my child's team: Yes ___ No ___ List full name: _____
If yes, please complete a coaching application.

Shirt Sizes cannot be exchanged so please mark the correct size carefully!

(Child Sizes) X-Small Small Medium Large
(Adult Sizes) Small Medium Large X-Large XX-Large

Is this a multiple family contract? (Are you signing up more than one child) Yes ___ No ___

This contract is valid upon signing.

I/We the said parents of the child above give our consent to participate in said league. We do not hold anyone associated with Litchfield Baseball, Inc. responsible for any accidents which may occur during any practice sessions, league games, or travel time.

Signature: _____ Date: _____

Registration Fee paid by signee \$ _____ (Cash or Check# _____)
If multiple children, list name and league.

Name: _____ League: _____ Name: _____ League: _____

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