

Grand Island Little League

2019 MAIL IN REGISTRATION FORM
 \$20 EARLY BIRD DISCOUNT ENDS FEBRUARY 17, 2019

REGISTRATION DEADLINE MARCH 9, 2019

DIVISION	LEAGUE AGE	DOB	REGISTRATION PRICE	
			Received by Feb 17	After Feb 17
Baseball (BB)				
TEE BALL	4-5	3/1/14 – 8/31/15	\$95	\$115
PEE WEE	5-6	9/1/12 – 2/28/14	\$100	\$120
INTERNATIONAL	7-8	9/1/10 – 8/31/12	\$115	\$135
Age 9 Baseball	9	9/1/09 – 8/31/10	\$140	\$160
Age 10 Baseball	10	9/1/08 - 8/31/09	\$140	\$160
Age 11 Baseball	11	9/1/07 - 8/31/08	\$140	\$160
Age 12 Baseball	12	9/1/06 – 8/31/07	\$140	\$160
JUNIOR /SENIOR BB	13-15	9/1/02 – 8/31/06	\$120	\$140 (no opt out fee)
Softball(SB)	All birth dates cutoff is 12/31/18			
INTERNATIONAL	6/7/8 YRS	20010 - 2012	\$115	\$135
MINORS	9-10 YRS	2008 - 2009	\$130	\$150
MAJORS	11-12 YRS	2006 - 2007	\$145	\$165

NOTICE: THE REGISTRATION PRICE INCLUDES THE \$30 OPT OUT FEE. IF A PARENT OF EACH PLAYER WORKS HIS OR HER ONE 1 ½ HOUR SHIFT IN THE SNACK STAND – GILL WILL REFUND THE \$30 FEE

One form per player, please make copies or you can go to our website at www.GrandIslandLL.com to download the form, as needed. If you need more information, contact GILL at grandislandlittleleague@gmail.com.

PLAYER NAME _____ M _____ F _____

BIRTHDATE _____ *copy of birth certificate required for 1st year players

DIVISION _____ BB _____ SB _____ AMOUNT ENCLOSED \$ _____ (circle fee above)

ADDRESS _____

PHONE _____ EMAIL _____

I, as parent of the above named candidate for a position on a Little League team, hereby give my approval for participation in all league activities. I waive, release, absolve and agree to hold harmless Grand Island Little League, organizers, sponsors, supervisors, participants and persons transporting my child to and from activities for any claim arising out of injury to my child.

PARENT OR GUARDIAN SIGNATURE: _____

ADULT VOLUNTEERS – Need to fill out a volunteer application and attach a copy of your driver's license

MANAGER _____ COACH(assistant) _____ LEAGUE COMMISSIONER _____ BOARD POSITION _____

SNACK STAND _____ OPENING DAY _____ UMPIRE _____ OTHER _____

NAME _____ DAY PHONE _____ EVE PHONE _____

EMAIL ADDRESS _____

PLEASE SEND FORM(S) & PAYMENT TO: GRAND ISLAND LITTLE LEAGUE
 P.O. BOX 714 GRAND ISLAND NY 14072