

McLean Little League Fall Softball 2009 Registration

Registration Deadline August 9, 2009

PLAYER INFORMATION (One player per form)

| | | | |
|------------------------|-----------------------------|---|--------------------------|
| Player's Last Name | | First Name | Middle Initial |
| Street Address | | City/State | Zip Code |
| Sex | Date of Birth (mm/dd/yy) | Little League Age (age as of 12/31/2009) | Grade |
| Parent/Guardian (1) | Parent/Guardian (2) | Child Resides With | School |
| Home Phone | Father Cell Phone | Father Work Phone | Primary E-Mail Address |
| Secondary Home Phone | Mother Cell Phone | Mother Work Phone | Secondary E-Mail Address |
| Emergency Contact Name | Emergency Contact Telephone | (List a person, other than you, available during practice & game hours) | |
| Physician's Name | Telephone Number | Insurance Company | Policy Number |

PLAYER EXPERIENCE

Last Team Played _____ Level _____ Spring '09 Manager _____ Fall '08 Manager _____
Player has experience as Pitcher _____ Catcher _____

PARENT PARTICIPATION

Please indicate below an activity for which you or your spouse would like to volunteer. Please remember that McLean Little League is a volunteer organization and we need the help of all parents.

PLEASE CIRCLE YOUR AREAS OF INTEREST

____ Team Manager ____ Team Parent ____ Team Coach ____ League Umpire

PARENTAL PERMISSION AND CONSENT

1) As the parent or guardian of the child named above, I apply for my child's participation in the McLean Little League Program for the 2009 fall season. I give approval for my child's participation in any and all league activities during this season and assume all risks and hazards incidental to such participation, including transportation to and from these activities. I give my approval for the McLean Little League to take still and video images of my child for use in Little League sanctioned activities. I hereby do waive, release, absolve, indemnify and agree to hold harmless the McLean Little League and their officers, and Board of Directors, Little League Baseball, Inc., the organizers, coaches, managers, sponsors, supervisors, volunteers, participants and persons transporting my child to or from activities, for any claim arising out of any injury to my child. I further grant permission for emergency first aid to be given to my child in case of injury.

2) I agree to return, upon request, the uniform and other equipment issued to my child in as good condition as when I received it except to normal wear and tear.

3) I agree to furnish a certified birth certificate and proof of residence for my child upon request of league officials.

4) Recognizing the need of the McLean Little League for volunteer services, I agree to support league activities and endeavors for which my spouse and I will volunteer.

5) I understand that failure to provide my child's correct date of birth or home address may result in disqualification of my child.

6) I agree to obey all rules and regulations adopted by the league, especially those governing conduct of players and spectators.

Parent or Guardian, Signature _____ Date _____

Print Name and Relationship _____

LEVELS AND FEES (Use player's age as of December 31, 2009) Registration closes August 9, 2008

Registration fee includes the County Field Assessment Fee

Ages 5-8 \$65 _____

Ages 9-16 \$85 _____

Helmet Fee \$15/25 _____

Late Fee (after 8/9/09) \$25 _____

Contribution _____

TOTAL _____

Please circle where your child will probably play in Spring 2010:

Softball: Transition AA
AAA Majors Seniors

Ask your manager for a suggestion.

Please make check/money order payable to: (Do Not Send Cash):

McLean Little League
c/o Russ Brown P.O.
Box 222
McLean, VA 22101-0222

PLEASE NOTE: Placement at a certain level in fall does not guarantee placement at the same level in spring. Fall ball is developmental.

