

McLean Little League Fall Softball 2010 Registration

Registration Deadline August 9, 2010

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 12/31/2010)	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 '10 Manager _____ Fall '09 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 2010 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, 2010) Registration closes August 9, 2010

Registration fee includes the County Field Assessment Fee

Ages 5-8 \$75 _____
 Ages 9-16 \$95 _____
 Helmet Fee \$15/25 _____
 Late Fee (after 8/9/10) \$25 _____
 Contribution _____

TOTAL _____

Please circle where your child will probably play in Spring 2011:
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
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.

