Deering Little League

2009 Player Registration Form

Player Name: ______________________________ ______________________________ _____ Gender: _____M ____ F
Last **First** **Mi**
Street Address: ____ Zip Code: __________________
Primary E-Mail Address: ____ School: ____________________
Home Phone #: _______________________ Primary Cell Phone #: _______________________
Date of Birth: ____/_____/______

Level of division desired ____T-Ball ____ AA Baseball ___ AAA Baseball
_____ Major Baseball _____ Jr/Sr Baseball ___ Challenger Division
____Minor Softball _____ Major Softball ___ Jr/Sr Softball

Last year's division and team: ____
My child will be assessed for: ____Majors Baseball _____Majors Softball
My child will be assessed for: ____ AAA _____AA

Parent /Guardian #l	**Parent /Guardian #2**
Name:_____________________________________	Name:_____________________________________
Phone:__(____)________________________________	Phone:__(____)________________________________
Email:_____________________________________	Email:_____________________________________
Occupation:__________________________________	Occupation:__________________________________
Volunteer? If Yes please fill out volunteer application	**Volunteer? If Yes please fill out volunteer application**
Coaching Yes ☐ No ☐	**Coaching** Yes ☐ No ☐
Field Maintenance Yes ☐ No ☐	**Field Maintenance** Yes ☐ No ☐
Umpiring Yes ☐ No ☐	**Umpiring** Yes ☐ No ☐
Concessions Yes ☐ No ☐	**Concessions** Yes ☐ No ☐

ANY MEDICAL CONDITIONS:____

Consent and Release

1) I, the parent/guardian of the above named child, hereby give my approval to participate in any and all Little League activities and functions.
2) I know that participation in baseball/softball may result in serious injuries and protective equipment does not prevent all injuries to players, and do
hereby waive, release, indemnify and agree to hold harmless Deering Little League, Little League Baseball Inc., organizers, sponsors, supervisors,
managers, coaches, participants and transporters from any claim arising out of any injury to my child whether the result of negligence of the releases or
for any other cause.
3) I agree to return upon request the uniform and any other equipment issued to my child in as good condition as when received except for normal wear
and tear and agree to pay the fair value of the item if not returned in said condition.
4) I will furnish a certified Birth Certificate of my child to League Officials if requested.

Signature: ____ Date: _____/______/________

*League Use Only,*_ _
League Age: Baseball - Age as of 4-30-09: ___ Softball - Age as of 12-31-08: ___ T-Ball - Age as of 4-30-09:___
Date: __________ Location or Mail:___________________________________ Processor's name: _______________
Payment type and amount: Cash ______ Check _________ Birth Certificate: Y ☐ N ☐ Residency: Y ☐ N ☐
Medical Release Form: Y ___N___ Waiver Needed: Y___ N___ Level Assigned:______
Team: ____