

Winters Little League 2010 Baseball & Softball

Must be age 5 before April 30, 2010

Player Registration Form

PLAYER INFORMATION

Last Name: _____ First Name: _____ MI: _____

Address: _____
Street Address City Zip

Phone #: _____ Sex: _____ Birthdate: _____ Age: _____

Team Played on in 2009: _____

PARENT/LEGAL GUARDIAN INFORMATION

Father's Full Name: _____ Phone #: _____
OR LEGAL GUARDIAN

Mother's Full Name: _____ Phone #: _____

Email: _____
Please print clearly...very important!

MEDICAL INFORMATION

Emergency Contact: _____ Phone #: _____

Relationship to Player: _____ Medical Condition(s): _____

Doctor: _____ Phone #: _____ Insurance Carrier: _____

Dentist: _____ Phone #: _____ Insurance Carrier: _____

I WOULD LIKE TO VOLUNTEER FOR:

MANAGER COACH TEAM PARENT SCORE KEEPER PITCH COUNTER

IMPORTANT INFORMATION, PLEASE READ AND SIGN BELOW

As parent/guardian of the above named person, I hereby give my approval to his/her application in any and all Little League activities during this season. I assume all risks incidental to such participation. I do hereby waive and release Winters Little League and other Little League affiliates, Inc.; the organizers, sponsors, the City of Winters, and participants for any claim arising out of an injury to my child, except to the amount and extent covered by accident/surgical treatment which is deemed advisable by a physician. It is understood that this authorization is given in advance of any treatment required. This authorization is in effect through the season.

Signature of Parent/Guardian: _____ Date: _____

PLEASE MAKE CHECK PAYABLE TO: **Winters Little League, PO Box 916, Winters, CA 95694**

A COPY OF PLAYERS BIRTH CERTIFICATE MUST BE BROUGHT TO REGISTRATION!

2010 REGISTRATION FEES: Post Marked by January 1, 2009 = \$50.00, after 1/1/09 = \$60.00

For office use

Reg. Amt. Paid: _____ Part. Fee Paid: _____ Check #/Cash _____ Date Pd. _____

Birth Certificate: Yes/No LL Board Initial: _____