



Antioch Little League

P.O. Box 2685, Antioch, CA 94531

www.AntiochLittleLeague.com

Email: questions@antiochlittleleague.com

2009 Fall Ball Registration Form

| Player Information (Please complete 1 form, per player) | |
|---|--|
| Last Name | |
| First Name | |
| Birth Date | |

| Family Information | |
|--------------------|--|
| Parent/Guardian | |
| Address | |
| City, Zip Code | |
| Home Phone # | |
| E-Mail Address | |

| Sport | | | |
|--------------------------|----------|---|---|
| Check One | Division | League Age <i>Softball - Age on 12/31/08</i> <i>Baseball - Age on 4/30/09</i> | Registration Fee <i>Includes Shirt & Hat</i> |
| <input type="checkbox"/> | BB | Baseball | Boys and Girls, Ages 5 -12 |
| <input type="checkbox"/> | SB | Softball | Girls, Ages 5-16 |

| Parents/Caregivers & Emergency Contacts | | | |
|---|--------------|--------------|------------|
| Name | Relationship | Phone Number | Cell Phone |
| | | | |
| | | | |

Someone in my household is interested in being a: Manager Coach Volunteer

My child wants to play on same team as his/her friend(s) or play with on team managed by:

| League use Only | | | |
|-----------------|----------------|--|--|
| Date Rec'd: | Check #:/ Cash | | Birth Certificate: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Rec'd By: | Check Amt: | | Shirt Size: Youth sizes: XS(2-4), S(6-8), M(10-12), L(14-16) ** YL same as AS Adult Sizes AS AM AL AXL |

FALL BALL – 2009

I/We, the parents/guardians of the above-named candidate for a position on a Little League team, hereby give my/our approval to participate in any and all Little League activities, including transportation to and from the activities.

I/We know that participation in baseball or softball may result in serious injuries and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify, and agree to hold harmless the Antioch Little League, the local Little Leagues, Little League Baseball, Incorporated, the organizers, sponsors, supervisors, participants, and persons transporting my/our child to and from activities from any claim arising out of any injury to my/our child whether the result of negligence or for any other cause.

I/We agree to return upon request, equipment issued to my/our child in as good conditions as when received except for normal wear and tear.

I/We will furnish a certified birth certificate of the candidate to League Officials.

This is a parent-volunteer organization. I/We may be asked to work a shift at the snack shack, help with field maintenance or assist with site clean up.

REFUND POLICY: All refunds are subject to an administrative charge of \$20.00, unless program was cancelled. No refunds after August 31, 2009. No refunds for dissatisfaction with the league, team or manager/coach.

Parents Signature and Authorization to Play: _____