

# RINCON VALLEY LITTLE LEAGUE PLAYER REGISTRATION FORM

**Player's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Birth date:** \_\_\_\_\_ **League Age:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Apt:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**2011 League:** \_\_\_\_\_ **2011 Team:** \_\_\_\_\_ **Jersey Size Adult or Youth (S,M,L,XL):** \_\_\_\_\_ **School:** \_\_\_\_\_

**The undersigned Parent/Legal guardian of the above named player:**

1. Approves the player's participation in any and all Little League activities, including transportation/travel to and from the activities.
2. Does hereby assume all risks and hazards to such participation incidental and does hereby waive, release, absolve and agree to hold harmless, Rincon Valley Little League and Little League Baseball Incorporated, including the organizers, sponsors, supervisors, participants and persons transporting players to and from activities for any claim arising out of injury to the player whether the result of negligence or any other cause.
3. Understands that the Little League accident and medical insurance benefit payments are secondary to any other collectible insurance that the family may carry.
4. Rincon Valley Little League is committed to being a good neighbor. It is important to us that members of our league follow that philosophy, by adhering to the posted speed limits entering and leaving the park. The speed limit on Badger and Baird Roads is 25 mph. Our first and foremost responsibility is to the safety of our children. It is critical that each of us drive courteously and keep an eye out for cyclists and pedestrians.
5. Understands that to help finance the maintenance and operation of Rincon Valley Little League ball fields, purchase uniform, equipment, and obtain insurance coverage, etc., it is necessary to charge a registration fee.
6. Understands that inappropriate behavior by a player may result in his/her expulsion or suspension, for one or more games, from Rincon Valley Little League. Inappropriate behavior by a parent may result in expulsion of the parent, the player, and/or the entire family from the League. The Board of Directors reserves the right to expel or suspend any person/player without prior warning.
7. Understands that our child may be chosen at anytime to play on a Major Division team, if he or she is of the correct age for such division as determined by the local league and Little League Baseball. Declining to move up to such Major Division team will result in forfeiture of eligibility for the Major Division for the current season, and may be subject to further restrictions by the local league.

\_\_\_\_\_  
**Signature – (Parent or Legal Guardian)** **Relation to Player** **Date Signed**

**For Registration Staff Use Only:**

Address Confirmed \_\_\_\_ Registration \_\_\_\_  
  
 Birth Certificate \_\_\_\_ Medical \_\_\_\_  
  
 Parent Commitment \_\_\_\_ Waiver Needed \_\_\_\_

**RVLL Registration Fees for 2012 (Circle & Total)**

<b>T-Ball (age 5-6)</b>	
First Player	\$ 85.00
Second Player	\$ 65.00
Additional Players ( <i>Per Player</i> )	\$ 35.00
<b>Total</b> .....	_____
<b>Little League Player (age 7-12)</b>	
First Player in Family	\$150.00
Second Player in Family	\$115.00
Additional Players ( <i>Per Player</i> )	\$70.00
<b>Total</b> .....	_____
<b>50/70 League (age 11-13. Cost with other league)</b>	
50/70 League (age 11-13. w/o other league)	\$130.00
<b>Total</b> .....	_____
<b>Junior/Senior Player (age 13-16)</b>	
First Junior/Senior Player in Family	\$155.00
Second Junior/Senior Player in Family	\$130.00
Additional Junior/Senior Players ( <i>Per Player</i> )	\$85.00
<b>Total</b> .....	_____
Non-Participation Fee ( <i>Per Player</i> )	\$100.00
<b>Donation</b>	_____

**Grand Total:** \_\_\_\_\_

**RINCON VALLEY LITTLE LEAGUE**  
**Player Information & Medical Consent Form**

**Player Information (2011 Season)**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Initial: \_\_\_\_\_

Male: \_\_\_\_\_ Female: \_\_\_\_\_

Birth Date: \_\_\_\_\_

League Age (on 4/30/12): \_\_\_\_\_

School: \_\_\_\_\_  
\_\_\_\_\_

Grade Level: \_\_\_\_\_

**Parent Information**

Father's Name: \_\_\_\_\_

Father's Home/Wk #: \_\_\_\_\_/\_\_\_\_\_

Father's Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mother's Home/Wk#: \_\_\_\_\_/\_\_\_\_\_

Mother's Address: \_\_\_\_\_

**(Please Provide) Home e-mail address:**  
\_\_\_\_\_

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**Emergency Information:**

Person to notify in an emergency  
(Other than Parent or Guardian)

Name: \_\_\_\_\_

Home #: \_\_\_\_\_

Work #: \_\_\_\_\_

List any known Drug and or food allergies: \_\_\_\_\_

List any Medical problems: \_\_\_\_\_

Date of last Tetanus Shot: \_\_\_\_\_

Player's Doctor: \_\_\_\_\_

Doctor's Tel #: \_\_\_\_\_

Contracted Hospital: \_\_\_\_\_

**CONSENT FOR MEDICAL TREATMENT (MINOR)**

I hereby give my consent for all medical care prescribed by a duly licensed Doctor of Medicine for \_\_\_\_\_ as his/her parent or legal guardian. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my dependent.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

\_\_\_\_\_

Relationship

Witnessed by: \_\_\_\_\_

Date: \_\_\_\_\_

**PARENT PARTICIPATION PLEDGE**

I promise to help in any way possible to make this season a successful and positive experience for my child and the other children in the league by volunteering my time during the **2012 Rincon Valley Little League Season**.

Father's Signature: \_\_\_\_\_

Mother's Signature: \_\_\_\_\_

Father's Name: \_\_\_\_\_  
PRINT NAME

Mother's Name: \_\_\_\_\_  
PRINT NAME

Player's Name: \_\_\_\_\_

**VOLUNTEER INFORMATION**

**Coaching Volunteers**

**Circle One**

Manager: \_\_\_\_\_  
League Preference

Father or Mother

Asst. Coach: \_\_\_\_\_  
League Preference

Father or Mother

*Umpire Volunteers*

*Circle One*

Plate: \_\_\_\_\_  
League Preference

Father or Mother

Bases: \_\_\_\_\_  
League Preference

Father or Mother

Plate/Bases: \_\_\_\_\_  
League Preference

Father or Mother

**Team Volunteers**

**Circle One**

Team Parent: \_\_\_\_\_  
Scorekeeper: \_\_\_\_\_

Father or Mother  
Father or Mother

Field Prep: \_\_\_\_\_  
**(Pre Game/Post Game)**

Father or Mother

**SNACK BAR SHIFT SUPERVISOR**

**(Work One Shift per Week)**

**M T W T F S**

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
TELEPHONE NUMBER

**PLAYER INFORMATION**

**ALL PLAYERS WHO ARE NOT RETURNING RVLL MAJOR OR SENIOR PLAYERS (Answer Question's 1 & 2)**

1. What positions most played: \_\_\_\_\_

2. Pitchers (How many games pitched): \_\_\_\_\_

**PLAYERS WHO DID NOT PLAY IN RINCON VALLEY LAST YEAR (Answer Question's 3 - 6)**

3. What Little League & City did you play in last year:

4. What level played last year? (Major, Minor, seniors, etc.)

5. Have you played on any All Star teams in last 2 years? :

6. Where did you usually hit in the batting order? \_\_\_\_\_