



Dear APLL Families,

We are looking forward to another great season of kickball, baseball, and softball. Attached are the registration forms for APLL's Spring 2012 season. You can also register online at www.eteamz.com/apll. Skills assessments for players registering for the machine pitch division and higher for baseball and for softball will be on Saturday, February 18 and Saturday, February 25 at our home fields at Bucknell Elementary. It is league policy that all players in these divisions must complete a skills assessment prior to being assigned to a team.

APLL is an all volunteer program and we have been extremely fortunate to have some excellent volunteers. We can always use more. In particular, we are always on the lookout for willing parents to volunteer as coaches and umpires. APLL will provide training/orientation for all volunteers. If you have any interest in coaching please contact Mike Aitken at maitken@verizon.net and if you are interested in volunteering as an umpire please contact Brady Palmerino at brady.palmerino@navy.mil.

We know the economy has affected a lot of families. We do not want anyone to not be able to participate in our league because of the cost. So, if that is an issue, please let me or another board member know, and we will try and arrange for a scholarship for that player to help defray the cost.

We also want to encourage you to support our sponsors. These local businesses have been very generous to APLL and help ensure we have the financial resources to support the league and provide our children with an opportunity to play ball. On behalf of the entire Board of Directors, we look forward to seeing everyone back out on the field.

Sincerely,
Martin Long
APLL President
martinlong1375@yahoo.com
alexandriapotomac11@yahoo.com



Alexandria Potomac Little League
P.O. Box 6054
Alexandria, VA 22306-6054

REGISTER ONLINE AT WWW.ETEAMZ.COM/APLL

2012 Alexandria Potomac Little League Registration Fee & Document Checklists

P.O. Box 6054, Alexandria, VA 22306-6054

E-mail: alexandriapotomacll@yahoo.com

Divisions	Ages	Cost*	County Use Fee**	Volunteer Fee (mandatory one per family)***	Pricing Checklist
Alexandria Potomac Kickball	Boys & Girls Ages 3-4	\$58.00	NA	NA	
Tee-Ball Baseball	Boys & Girls Ages 5-7	\$83.00	\$5.50	\$45.00	
Machine Pitch Baseball	Boys & Girls Ages 8-9	\$103.00	\$5.50	\$45.00	
Minors Baseball	Boys & Girls Ages 9-11	\$108.00	\$5.50	\$45.00	
Majors Baseball	Boys & Girls Ages 10-12	\$108.00	\$5.50	\$45.00	
Junior League Baseball	Boys & Girls Ages 13-14	\$113.00	\$5.50	\$45.00	
Senior League Baseball	Boys & Girls Ages 15-16	\$113.00	\$5.50	\$45.00	
Big League Baseball	Boys & Girls Ages 16-18	\$113.00	\$5.50	\$45.00	
Girls Softball	Ages 7-9	\$103.00	\$5.50	\$45.00	
Girls Softball	Ages 10-12	\$108.00	\$5.50	\$45.00	
Girls Softball	Ages 13-16	\$113.00	\$5.50	\$45.00	
<i>*Multi-player discount (\$5 discount on each registered player after the first)</i>					
<i>**Volunteer fee rebated upon request after 10 hours of volunteer service</i>					
					Total:

Required Documents	Checklist
Completed Spring 2012 Registration Form	
Completed Little League® Baseball & Softball Medical Release	
Proof of Residency -provided by parent or legal guardian (acceptable documents include: driver's license; voter's registration; federal/state/county records; utility bills; medical/military/vehicle/insurance records)	
Proof of Age -(i.e., birth certificate, government or Department of Defense id with birth date)	
All of the above documents must be submitted for league review along with payment before your child can be registered with APLL. Please contact APLL at alexandriapotomacll@yahoo.com with any questions.	

Players with special needs residing within APLL's boundaries are eligible to participate in Springfield Challenger Baseball. Please contact Eddie Garret at 703-304-2330 for more information.

Little League® Baseball does not limit participation in its activities on the basis of disability, race, color, creed, national origin, gender or religious preference.

REGISTER ONLINE AT WWW.ETEAMZ.COM/APLL

**ALEXANDRIA POTOMAC LITTLE LEAGUE
SPRING 2012 BASEBALL/SOFTBALL REGISTRATION**

P.O. Box 6054, Alexandria, VA 22306 E-mail: alexandriapotomac11@yahoo.com

Please mark one:

<u>DIVISION</u>	<u>LEAGUE AGE*</u>	<u>DIVISION</u>	<u>LEAGUE AGE*</u>
<input type="checkbox"/> Kickball	3-4	<input type="checkbox"/> Baseball/Juniors	13-14
<input type="checkbox"/> Tee-Ball	5-7	<input type="checkbox"/> Baseball/Seniors	15-16
<input type="checkbox"/> Machine Pitch	8-9	<input type="checkbox"/> Big League	16-18
<input type="checkbox"/> Baseball/Minors	9-11	<input type="checkbox"/> Softball/Minors	7-9
<input type="checkbox"/> Baseball/Majors	10-12	<input type="checkbox"/> Softball/Majors	10-12
		<input type="checkbox"/> Softball/Juniors-Seniors	13-16

* Kickball, Tee-Ball, Baseball: age as of April 30, 2012 Softball only: age as of December 31, 2011

Player Name: _____

Gender (circle one): M F

Address: _____

Date of Birth: _____

School: _____

League Age (see above): _____

League/Team/Division (if played) Spring 2011 _____

Parent/Guardian #1: _____
(Primary Contact)

Relation to Player: _____

Address: _____

E-mail: _____

Home Phone: _____

Mobile Phone: _____

Work Phone: _____

Parent/Guardian #2: _____
(Alternate Contact)

Relation to Player: _____

Address: _____

E-mail: _____

Home Phone: _____

Mobile Phone: _____

Work Phone: _____

We need your HELP! APLL programs are run entirely by volunteers. Please initial the areas in which you can help this season. You will be contacted.

____ Team Manager/Assistant Coach

____ Team Parent

____ Umpire

____ Concessions

____ Registration

____ Fundraising

____ Public Relations/Promotions

____ Field Crew

____ Opening/Closing Day Committees

____ Scorekeeper

____ Pitch Counter

Other areas of interest or applicable skills (please specify) _____

LEAGUE USE ONLY:

PROOF OF RESIDENCY: _____ PROOF OF BIRTHDATE: _____

DATE OF REG: _____ LOCATION: _____

PAY METHOD/CHECK #: _____ AMOUNT: _____

IMPORTANT FREEDOM OF INFORMATION ACT (FOIA) NOTICE!

Fairfax County Department of Community and Recreational Services (CRS) is now officially required, by law, to keep a copy of this registration form for league certification for use of all county fields and facilities, and as such it may be released under the Virginia Freedom of Information Act (VA-FOIA). In order to prevent information that is submitted to CRS from being released under the VA-FOIA, it is suggested to all parents and guardians of children under 18 years old that they affirmatively request that information submitted on this form not be released. Please read and sign the statement below.

I do not want any of the information noted on this registration form or medical release form released by Fairfax County Department of Community and Recreational Services (CRS) or any agency within the Fairfax County government or to the public. Additionally, if any of this information is ever transferred to any other agency within the Fairfax County government, the Commonwealth of Virginia or the United States Government, I do not authorize release of any of the aforementioned information under any circumstances whatsoever.

Print Name

Signature

Date

(Medical Release on reverse of this form must also be completed prior to player participation)

Little League® Baseball and Softball Medical Release

Player's Name: _____ Date of Birth: _____

League Name: **ALEXANDRIA POTOMAC LITTLE LEAGUE** League ID No.: **346-09-01**

In case of an emergency, if I, or the family physician, cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e., EMT, First Responder, ER Physician).

Family Physician: _____ Phone: (_____) _____

Address: _____ City: _____

Hospital Preference (optional): _____

Emergency contacts:

Emergency Contact #1 _____ Emergency Contact #2 _____

Relationship to Player: _____ Relationship to Player: _____

Home Phone: _____ Home Phone: _____

Mobile Phone: _____ Mobile Phone: _____

Work Phone: _____ Work Phone: _____

Medical Diagnosis/Medication Dosage/Frequency of Dosage: (Please list any medical problems or allergies, including those requiring maintenance medication, i.e. diabetic, asthma, seizure disorder.)

Allergies: _____
(The purpose of the information above listed is to ensure that medical personnel have details of any medical concern which may interfere with or alter treatment.)

Date of last Tetanus Toxoid Booster: _____

NOTICE: As parent or guardian, I understand that Little League insurance is secondary and I give full approval for my child/ward, named above, to participate in Alexandria Potomac Little League activities. I know that participation in APLL activities 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 Alexandria Potomac Little League, Little League Baseball, Inc., the organizers, sponsors, supervisors, participants and persons transporting my child to and from activities for any claim arising out of any injury to my child whether the result of negligence or for any other cause. In addition, I give permission for any league representative to transport or have transported my child/ward to a medical treatment facility and to authorize treatment, if I cannot be reached, for any injury or medical matter deemed appropriate by a league representative in my absence.

Please Print Name of Authorized Parent/Guardian

Signature of Parent/Guardian

Date

Little League® Baseball does not limit participation in its activities on the basis of disability, race, color, creed, national origin, gender or religious preference.