

CHERRY CREEK LITTLE LEAGUE® REGISTRATION APPLICATION

(One application per child)

**A copy of your child's Certified Birth Certificate is required to be submitted with this application,
WE DO NOT KEEP THESE "ON FILE" FROM YEAR TO YEAR**

Player's Name _____ MALE FEMALE

Address: _____ City _____ State _____ Zip _____

Home Phone: _____ Date of birth: _____ Age as of April 30, 2009 _____ Returning Player YES NO

Returning to same Division: YES NO If "yes" Division & 2008 TEAM name _____

Player's School of attendance: _____ Grade: _____ **New player?** Referred by _____

Player's commitment other than baseball is _____

Parent/Guardian Name: _____
Phone _____ Phone _____ Email _____
Address if different than player: _____ City _____ State _____ Zip _____
Home Work

Parent/Guardian Name: _____
Phone _____ Phone _____ Email _____
Address if different than player: _____ City _____ State _____ Zip _____

Non-Refundable Donation:

5 thru 8	T-ball/Farm	\$130.00	Registration ends May 15, 2009
9 thru 12	Majors	\$150.00	Registration ends March 21, 2009
9 thru 12	Minors	\$150.00	Registration ends May 15, 2009
13 thru 14	Juniors	\$170.00	Registration ends May 10, 2009
15 thru 16	Seniors	\$170.00	Registration ends May 10, 2009

	Father	Mother	
Volunteer	Team Coach	<input type="checkbox"/>	<input type="checkbox"/>
	Coach	<input type="checkbox"/>	<input type="checkbox"/>
	Scorekeeper	<input type="checkbox"/>	<input type="checkbox"/>
	Team Mom	<input type="checkbox"/>	<input type="checkbox"/>
	Volunteer Umpire	<input type="checkbox"/>	<input type="checkbox"/>
	League Sponsor	<input type="checkbox"/>	<input type="checkbox"/>
	Concession	<input type="checkbox"/>	<input type="checkbox"/>
	Manager	<input type="checkbox"/>	<input type="checkbox"/>
	Special Projects	<input type="checkbox"/>	<input type="checkbox"/>
	Parent/Guardian Signature _____		

Subtract from your payment (if these apply to you):

- **\$20 Early Registration discount for all applications postmarked by Early Registration dates (See Newsletter)!!**
- **\$5 per child discount for 2nd, 3rd etc. players per family.**

Please enclose check or money order payable to CCLL with this Application and a **copy** of the player's Certified Birth Certificate and remit to:

Cherry Creek Little League PO Box 460639 Aurora CO 80046-0639

\$25 will be charged for all returned checks.

Participation in Little League requires the ability to run, throw, swing a bat, and catch a ball. Additionally, participation requires the capacity to understand the rules of the game. Does your child have any current condition that limits his/her ability to participate in this activity? YES NO If "yes", please explain _____

Please provide information about allergies or medical condition that the team should have in case of emergency _____

I/we, the parent(s) 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 agree that our child (candidate) may be required to try out for a team. If candidate does not attend at least one of the tryouts, local Board-of-Directors' approval is required for such candidate to play on a Major Division Team, if he or she is not of the correct age for such division as determined by the local league and Little League Baseball. I/We know that participation in baseball 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 local Little League, Little League Baseball Inc., the organizers, sponsors, participants, and persons transporting my/our child to and from activities for any claim arising out of any injury to my/our child whether the result of negligence or for any other cause, except to the extent and in amount covered by accident or liability insurance. I/We agree to provide proof of legal residence (as defined by Little League Baseball, Inc.) and age such participation be found ineligible and forfeit and/or suspension of Tournament/All Stars.

I/we understand that the League is a volunteer organization and players' parents must fill all positions. I/we agree to return all equipment and uniform articles issued to our child in GOOD CLEAN condition as when received except for normal wear and tear.

Parent/Guardian Signature _____ Date of Application _____

Due to possible restrictions beyond the control of CCLL, playing fields may be limited or moved outside CCLL boundaries, which could affect the schedule and the number of games played.