

Fort Myers American Little League / Greater Fort Myers Softball

2010 Registration Form

Child's Last Name: _____ Child's First Name: _____

Child's Address: _____

Child's Date of Birth: _____ Child's Sex: Male Female

Mom's: Name: _____

E-mail: _____

Home Telephone: _____

Work Telephone: _____

Cell Phone: _____

Can Mom Volunteer? Manager (Head Coach) Coach Umpire

Scorekeeper Team Parent Concessions Other: _____

Dad's: Name: _____

E-mail: _____

Home Telephone: _____

Work Telephone: _____

Cell Phone: _____

Can Dad Volunteer? Manager (Head Coach) Coach Umpire

Scorekeeper Team Parent Concessions Other: _____

Primary Contact is: Mom Dad

Emergency Contact Name (Other than Mom or Dad): _____

Emergency Contact's Telephone Number: _____

Doctor's Name and Telephone Number: _____

Did your child play last Spring: Yes No If yes, what team: _____

I/We, the parent(s)/guardian(s) of the above named child, hereby give my/our approval for my/our child to participate in any and all activities of Fort Myers American Little League / Greater Fort Myers Softball (collectively, "FMALL"), including transportation to and from any activities, and agree to the further terms of registration of this Form:

Mom's Signature: _____ Date: _____

Dad's Signature: _____ Date: _____

FMALL Player Agent's Section

Birth Cert.: Yes No; Residency Proofs: Yes No; Medical Release: Yes No
Waiver Needed: Yes No; League Age: _____

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Greater Fort Myers Softball
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Further Terms of Registration

1. I/WE KNOW THAT PARTICIPATION IN BASEBALL OR SOFTBALL MAY RESULT IN SERIOUS INJURIES AND THAT PROTECTIVE EQUIPMENT DOES NOT PREVENT ALL INJURIES. I/WE DO HEREBY WAIVE RELEASE AND ABSOLVE, AND AGREE TO INDEMNIFY AND HOLD HARMLESS, FORT MYERS AMERICAN LITTLE LEAGUE / GREATER FORT MYERS SOFTBALL, AND ITS DIRECTORS, OFFICERS, VOLUNTEERS, PARTICIPANTS, AND SPONSORS, AS WELL AS LITTLE LEAGUE BASEBALL, INC., FROM ANY CLAIM, LOSS OR DAMAGES OF ANY TYPE ARISING OUT OF ANY INJURY TO MY/OUR CHILD, WHETHER THE RESULT OF NEGLIGENCE OR ANY OTHER CAUSE, INCLUDING ANY INJURIES RESULTING FROM TRANSPORTATION.

2. I/We agree to return, upon request, any uniform or other equipment issued to my/our child in as good condition as when issued, normal wear and tear excepted.

3. I/We agree that my/our child may be required to attend a skills evaluation before being placed on a Majors or Juniors team and that any "special requests" for team assignments shall be honored in the sole discretion of FMALL.

4. I/We agree that my/our child may be chosen at any time to be placed on a Majors team if he or she is qualified under the rules and regulations of Little League Baseball, Inc. and FMALL. Declining placement to a Majors team will result in ineligibility for the Majors for the remainder of the current season in addition to such other sanctions imposed under the rules and regulations of Little League Baseball, Inc. and FMALL, in effect from time to time.

5. I/We agree, as a condition to participation, that I/we, as well as my/our child, shall abide by and follow the rules and regulations of Little League Baseball, Inc. as well as the rules and regulations of FMALL, in effect from time to time, including, but not limited to, any Ground Rules, Fleishman Park Rules and Code of Conduct in effect from time to time. I/We agree that I/we shall be responsible for the conduct of my/our family

members and guests who are spectators at my/our child's games. I/We will furnish, prior to my/our child's first scheduled game, any further required written acceptance of any Ground Rules, Fleishman Park Rules and Code of Conduct and acknowledge that failure to do so will subject my/our child to suspension.

6. If registering for the Spring season, I/we agree, as a condition to participation, that I/we, as well as my/our child, shall participate in, and raise the required sum (currently, \$50) as a part of, the annual FMALL fundraiser and that failure to turn in the required sum within one week of the conclusion of the annual fundraiser shall subject my/our child to suspension.

7. I/We agree, as a condition to participation, that I/we, as well as my/our child, shall be subject to suspension, if I/we fail to abide by the terms of any scholarship or payment plan granted with respect to my/our child's participation. I/We agree that a scholarship or payment plan does not exempt my/our child or me/us from the annual fundraising requirement.

8. I/We will furnish, prior to Opening Day, a birth certificate and medical release for my/our child as well as proof of legal residency and age (each as defined by Little League Baseball, Inc.). I/We agree that my/our child must be eligible under the residence and age regulations of Little League Baseball, Inc. to participate and that, if any controversy arises regarding residence and/or age, the decision of the Charter Committee of Little League Baseball, Inc. shall be final and binding. I/We further understand that, if my/our child does not qualify for participation based on residence and/or age, my/our child and his or her team may be found ineligible, may be required to forfeit any game (including tournament games) and may be suspended from participation (including tournaments) by Little League Baseball, Inc. and/or FMALL.

9. No refunds shall be made after my/our child's first scheduled game.

Mom's Signature: _____
Date: _____

Dad's Signature: _____
Date: _____

Fort Myers American Little League / Greater Fort Myers Softball

2010 Medical Release

Child's Last Name: _____ Child's First Name: _____

Child's Date of Birth: _____

Parent or Guardian Authorization:

In case of emergency, if my/our child's family physician cannot be reached, I/we hereby authorize my/our child to be treated by certified emergency personnel (for example, EMT, First Responder, or Emergency Room Physician):

Family Physician: _____

Family Physician's Telephone Number: _____

Hospital Preference: _____

In case of emergency contact:

Name and Relationship to Child: _____

Telephone No. for Emergency Contact: _____

Please list any allergies or medical problems of your child, including those requiring maintenance medication (such as diabetes, asthma, or any seizure disorder):

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

Date of Last Tetanus Toxoid Booster: _____

The purpose of the above-information is to ensure that medical personnel have details of any medical problem that may interfere with or alter treatment.

**WARNING: PROTECTIVE EQUIPMENT CANNOT PREVENT ALL INJURIES A
PLAYER MAY RECEIVE WHILE PARTICIPATING IN BASEBALL OR
SOFTBALL.**

Mom's Signature: _____ Date: _____

Dad's Signature: _____ Date: _____

FMALL Note

This form should be carried by any regular season or tournament team manager, together with a team roster or eligibility affidavit. League Id. No: 03090903.

Fort Myers American Little League / Greater Fort Myers Softball

Fee Schedule

T-Ball: \$35.00 per player

All Other Divisions:

First Child - \$95.00

Second Child - \$75.00

Each Further Child - \$50.00

Any scholarship or payment plan must be arranged with the Player Agent, whose decision on any scholarship or payment plan is final.

If registering in person, please complete and return the registration form and medical release form (signing each of the three pages where indicated), and return the forms, together with a check payable to FMALL, a copy of the relevant child's birth certificate, if not already on file, and any required residency proofs, if not already on file, to the Player Agent.

If registering by mail, please complete and return the registration form and medical release form (signing each of the three pages where indicated), with a check payable to FMALL, a copy of the relevant child's birth certificate, if not already on file, and any required residency proofs, if not already on file, to: FMALL, 4848 Ipswitch Court, Fort Myers, Florida 33907. The registration form must be received before January 9, 2010.

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Birth Certificate and Required Proofs of Residency

Each child must submit with his or her registration form or have on file a copy of his or her birth certificate.

Each child must submit with his or her registration form or have on file three proofs of residency in order to prove residency within the boundaries of Fort Myers American Little League / Greater Fort Myers Softball.

Permissible proofs include:

1. Driver's License
2. Voter's Registration
3. School records
4. Welfare/child care records
5. Federal records
6. State records
7. Local (municipal) records
8. Support payment records
9. Homeowner or tenant records
10. Utility bills (i.e., gas, electric, water/sewer, phone, mobile phone, heating, waste disposal)
11. Financial (loan, credit, investments, etc.) records
12. Insurance documents
13. Medical records
14. Military records
15. Internet, cable or satellite records
16. Vehicle records
17. Employment records

Please note, however, that two of the proofs must be: (i) a Driver's License; (ii) Vehicle Registration; and/or (iii) Voter's Registration.

Please also note that three utility bills (three items from No. 10 above) constitute only ONE proof of residency.

Boundary waivers are available in limited circumstances (for example, a 2009 FMALL player moves outside of FMALL boundaries, but wishes to play at FMALL in 2010 may do so). Please contact the Player Agent with any questions regarding boundary waivers.