



**2012 IRA LITTLE LEAGUE PLAYER REGISTRATION****\*REQUIRED INFORMATION**

\*First Name: \_\_\_\_\_ \*Last Name: \_\_\_\_\_  
 \*Address: \_\_\_\_\_ \*City: \_\_\_\_\_  
 \*Zip Code: 48 \_\_\_\_\_ \*Phone Number: \_\_\_\_\_ \*E-mail: \_\_\_\_\_  
 \*Child's School: \_\_\_\_\_ \*Date of Birth: \_\_\_\_\_ \*Gender (Circle): Male / Female  
 \*Parent/ Guardian's Name(s): \_\_\_\_\_ Team Played on in 2011: \_\_\_\_\_  
 I would like to Manage or Coach (*circle one*) on this child's team. Name: \_\_\_\_\_

**UNIFORM SIZE: (circle one for shirt and pant) – If you are not sure on the sizes, we will have samples at registration.**

\*Youth Shirt Size: S (6-8) M(8-10) L(10-12) XL(14-16) Adult - S Adult - M Adult - L Adult -XL  
 \*Youth Pant Size: S (6-8) M(8-10) L(10-12) XL(14-16) Adult - S Adult - M Adult - L Adult -XL

**PARENT / GUARDIAN CONSENT & MEDICAL INFORMATION:**

Participation in Ira 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 would limit or inhibit their abilities? Please Check One: \_\_\_\_\_ Yes \_\_\_\_\_ No

If "Yes" Please Explain: \_\_\_\_\_

Please provide all information about medical conditions such as allergies, disabilities, etc. that the league should know of in case of an emergency:  
 \_\_\_\_\_

Emergency Contact Name #1: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact Name #2: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

In case of emergency and my listed contacts cannot be reached, I hereby authorize \_\_\_\_\_ (player's name) to be treated by another qualified, licensed physician who is available.

I, the guardian of the above named hereby give my approval to participate in any and all Ira Little League activities, including transportation to and from activities. I know that participation in baseball may result in serious injuries and protective equipment does not prevent all injuries. I hereby waive, release, absolve, indemnify and agree not to hold responsible the Ira Little League, the Anchor Bay Lion's, Little League Baseball, Inc., the organizers, sponsors, participants and/or persons transporting my child to and from activities for any claim arising out of injury to my child.

\*Guardian Signature: \_\_\_\_\_ \*Date: \_\_\_\_\_

**VOLUNTEER REFUND PROGRAM: (100% Refundable - 4 volunteer hours/player or 7 volunteer hours/family)**

I understand it is my responsibility to find volunteering opportunities. I would like to be contacted to volunteer for the following:

\_\_\_\_\_ Poker Fundraisers \_\_\_\_\_ Adult Bowling Fundraiser \_\_\_\_\_ Field Clean Up \_\_\_\_\_ Concession Stand  
 \_\_\_\_\_ Opening Day \_\_\_\_\_ Pitch-Hit-Run Competition \_\_\_\_\_ Ira Hosted Tournaments \_\_\_\_\_ Other  
 \_\_\_\_\_ I would NOT like to be contacted to volunteer and understand my volunteer fee will be donated to the league.

**FOR LEAGUE USE ONLY:****LEAGUE ID#1220702**

LEAGUE AGE AS OF APRIL 30<sup>TH</sup> \_\_\_\_\_ LEAGUE NAME: \_\_\_\_\_

BIRTH CERTIFICATE \_\_\_\_\_ METHOD OF PAYMENT: CASH CHECK # \_\_\_\_\_ \$ \_\_\_\_\_