L e a g u e R e g i s t r a t i o n F o r m (continued)

VOLUNTEER SIGN - UP

Our organization is a non-profit, volunteer organization that needs everyone's help to be successful. Please check off on this form any areas that you feel you would like to contribute to the organization to benefit your child and the whole program.

_ -- Thank you.

Volunteer Items

Father

[ ] (A) Team Parent
[ ] (B) Sponsor
[ ] (C) Fund Raising
[ ] (D) Umpire
[ ] (E) Field Maintenance
[ ] (F) Picnic
[ ] (G) Score Board
[ ] (H)
[ ] (J)
[ ] (K)
[ ] (L)
[ ] (M) Manager
[ ] (N) Coach / Asst. Coach
[ ] (O)
[ ] (Z) Board of Directors

Mother

[ ] (A) Team Parent
[ ] (B) Sponsor
[ ] (C) Fund Raising
[ ] (D) Umpire
[ ] (E) Field Maintenance
[ ] (F) Picnic
[ ] (G) Score Board
[ ] (H)
[ ] (J)
[ ] (K)
[ ] (L)
[ ] (M) Manager
[ ] (N) Coach / Asst. Coach
[ ] (O)
[ ] (P) Board of Directors

I/We, the parents and or guardian of the above named candidate for a position on a league team, hereby give my/our approval to participate in any and all league activities. I/We assume all risk and hazards incidental to such participation, including transportation to and from the activities; and I/we do hereby waive, release, absolve, indemnify and agree to hold harmless the local league, the chartering organization, the organizers, sponsors, participants and persons transporting my/our child to and from activities; for any claim arising out of an injury to my/our child, whether the result of negligence or from any other cause, except to the extent and in the amount covered by accident and liability insurance. I/We understand that the insurance carried by this league covers only the amount that is not paid by my/our carrier. I/We agree to return upon request the uniform and other equipment issued to my/our child in as good a condition as when issued except for normal wear and tear. I/We will furnish a certified birth certificate of the above named candidate to league officials.

Signature_____ Signature_____
Father or Guardian Mother

(FOR OFFICIAL USE ONLY)

Amount Due:_____ Amount Paid:_____ Cash [ ] Check #_____

Verified By: _____