



MASON DISTRICT LITTLE LEAGUE

P.O. 592, Annandale, VA 22003

Website: www.mdll.org Phone: 703-941-4480

2011 SPRING PLAYER REGISTRATION AND MEDICAL RELEASE FORM



First Name: _____ MI: _____ Last Name: _____ Date of Birth: _____ / _____ / _____

MM DD YY

Street Address: _____ Apt. #: _____

City: _____ State: VA Zip: _____ Gender: M _____ F _____

Home Phone: (703) _____ Home E-Mail: _____

School: _____ Grade: _____ Age as of April 30, 2011: _____

Prior baseball experience: None: _____ MDLL Team or Other League Name: _____ If so, year? _____

Preferred MDLL Division: Majors: _____ AAA: _____ AA: _____ A: _____ Tee Ball: _____

Player's Height (inches) _____ Weight (lbs.) _____ Fees: \$100 for Majors-A; \$55 for Tee Ball; \$150 for family maximum

PARENT/GUARDIAN INFORMATION

Name: _____ Name: _____

Phone (if different): (_____) _____ Phone (if different): (_____) _____

Work/Cell Phone: (_____) _____ Work/Cell Phone: (_____) _____

Work/Other E-mail: _____ Work/Other E-mail: _____

Name(s) of other members of immediate family (or same household) registering this season: _____

MEDICAL INFORMATION

Family Doctor/HMO: _____ Phone Number: (_____) _____

Medical/Hospitalization Insurance Company: _____ Policy Number: _____

Medications the player may be allergic to: _____

Other allergies: _____

Player's medical history that manager/coach may need to know, or other conditions or information that may be important in the event of an emergency medical care is needed: _____

VOLUNTEER INFORMATION

We are proud that MDLL is an all-volunteer organization. Our adult Board of Directors, Managers, Coaches, Coordinators, and Umpires all willingly contribute their time, enthusiasm, and expertise. We hope that you will also take an active role by finding a way to participate and make this season terrific for our kids.

We are always looking for volunteers.* How can you help? *(Please check at least one)*

Manage/Coach _____ Umpire _____ Facilities/Fields Committee _____ Finance Committee _____

I am unable to volunteer but will contribute separately to MDLL's operating budget _____

Do you have any other comments?

Pd Cash _____

Pd Check _____

* Subject to mandatory background check.

SPONSORSHIPS AND DONATIONS

Would you, or someone you know, like to sponsor a team or donate to MDLL? If so, please contact Jack Lavoie at 703-750-2859 (jlavoie@cooley.com). Thanks.

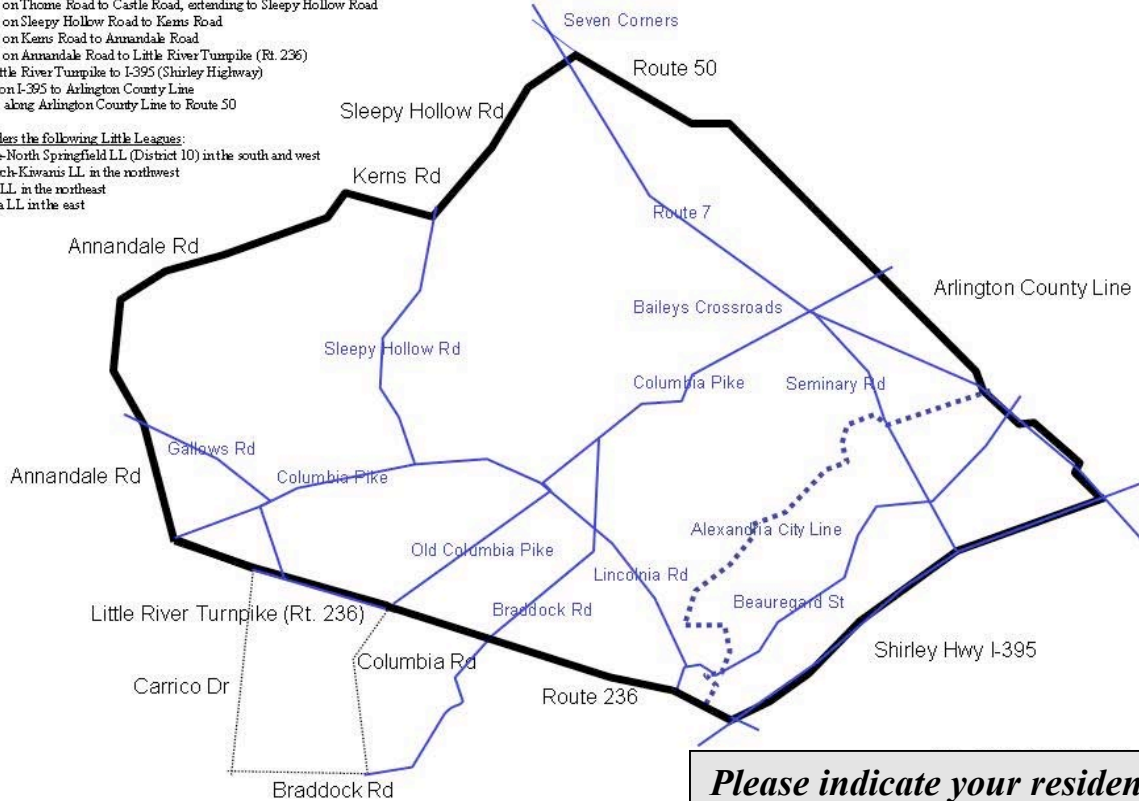
Mason District LL Boundaries

MDLL Boundaries, as of 11-15-06:

- Starting near Seven Corners, Route 50 and Thome Road
- Southwest on Thome Road to Castle Road, extending to Sleepy Hollow Road
- Southwest on Sleepy Hollow Road to Kerns Road
- Northwest on Kerns Road to Annandale Road
- Southwest on Annandale Road to Little River Turnpike (Rt. 236)
- East on Little River Turnpike to I-395 (Shirley Highway)
- Northeast on I-395 to Arlington County Line
- Northwest along Arlington County Line to Route 50

MDLL borders the following Little Leagues:

- Amandale-North Springfield LL (District 10) in the south and west
- Falls Church-Kiwans LL in the northwest
- Arlington LL in the northeast
- Alexandria LL in the east



LITTLE LEAGUE BASEBALL RESIDENCE ELIGIBILITY REQUIREMENTS**

Players are eligible to play with MDLL only if they reside within the boundaries described above. A player will be deemed to reside within the league boundaries if:

- A. His/her parents are living together and are residing within such boundaries, OR;
- B. Either of the player's parents (or his/her court-appointed legal guardian) resides within these boundaries.

Registration Agreement and Medical Release

1. I, the parent or guardian of the above-named registrant, hereby gives my approval of his/her participation in any and all Mason District Little League (MDLL) activities during the current season. I acknowledge that his/her participation may result in serious injuries and protective equipment does not prevent all injuries to players.
2. I do hereby waive, release, absolve, indemnify, and agree to hold harmless MDLL, its directors, organizers, supervisors, managers, coaches, umpires, sponsors, contributors, participants, and persons transporting said registrant to and from MDLL activities from any claim arising out of injury or loss to said registrant except to the extent and in the amount covered by accident or liability insurance carried by the League.
3. I agree that said registrant will abide by all policies, rules, and regulations of the MDLL and will return upon request the uniform and other equipment issued to him/her in as good a condition as when received except for normal wear and tear.
4. I certify that said registrant meets all League eligibility requirements and that I will provide a certified copy of his/her birth certificate and proof of legal residence (as defined by Little League Baseball, Inc.) if requested to do so by League officials. I further understand that the assignment of said registrant to specific teams and/or levels of competition are at the discretion of the officials of MDLL.
5. MEDICAL RELEASE: I hereby give my permission for a representative of MDLL to contact my family doctor and/or to take my child to the nearest hospital emergency room if I cannot be reached immediately. I further give the hospital and/or any attending physician permission to administer needed emergency medical treatment.

Signature: _____ Date: _____

** Some exceptions could apply (e.g., change of residence, change of league boundaries, child of MDLL volunteer).