



# APPLICATION TO PLAY

## Niles-Centerville Little League Baseball

P.O. Box 2604, Fremont, CA 94536 • (510) 797-5165 • www.ncll.us



| 2012 NCLL Fees                      |                    |               |
|-------------------------------------|--------------------|---------------|
| When you register your player(s)... |                    |               |
| <b>On/Before 10/31/11</b>           | 1 Player:          | <b>\$100.</b> |
|                                     | Each add'l player: | <b>\$50.</b>  |
| <b>On/Before 11/30/11</b>           | 1 Player:          | <b>\$120.</b> |
|                                     | Each add'l player: | <b>\$50.</b>  |
| <b>On/Before 12/31/11</b>           | 1 Player:          | <b>\$140.</b> |
|                                     | Each add'l player: | <b>\$50.</b>  |
| <b>After 12/31/11</b>               | 1 Player:          | <b>\$160.</b> |
|                                     | Each add'l player: | <b>\$50.</b>  |

\* Additional players refer to children from the same immediate family

Player Name: \_\_\_\_\_  Male  Female

Parent/Guardian Name 1: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: (     ) \_\_\_\_\_

Parent/Guardian Name 2: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: (     ) \_\_\_\_\_

Player Home Address: \_\_\_\_\_ Apt./No. \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: (     ) \_\_\_\_\_

Birthdate:     /     /     School Player Attends: \_\_\_\_\_

2011 NCLL Team: \_\_\_\_\_ 2011 Division:  T-ball  Minor-B  Major  Senior  Challenger  
 Farm  Minor-A  Junior  Big League

*I/We*, the parents/guardians 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* know that participation in baseball or softball 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 Incorporated, the organizers, sponsors, supervisors, 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 for any other cause, except to the extent and in the amount covered by accident or liability insurance.

*I/We* agree to return upon request the uniform/equipment issued to my/our child(ren) in as good a condition as when received except for normal wear and tear.

*I/We* agree to provide proof of legal residence (as defined by Little League Baseball, Inc.) and age. *I/We* understand that our child (candidate) must be eligible under the residence and age regulations of Little League Baseball, Incorporated to participate in this Local League, and that if any controversy arises regarding residence and/or age, the decision of the Charter Committee in Williamsport shall be final and binding. *I/We* further understand that if any participant on a Little League team does not qualify for participation in the league based on residence (as defined by Little League Baseball, Inc.) and/or age, such participant and/or team on which he/she participates be found ineligible, and forfeit(s) and/or suspension of Tournament privileges may be decreed by action of the Charter Committee or Tournament Committee.

*I/We* will furnish a certified birth certificate for the above named candidate to league officials.

*I/We*, the parents/guardians of the above named candidate for a position on a Little League team, hereby give my/our approval for his/her image to appear in all photography documenting Little League activities. These include, but are not limited to, promotional materials, websites, newsletters, postcards, brochures, etc. for Niles-Centerville Little League and District 14.

Parent/Guardian Signature: \_\_\_\_\_ Date:     /     /

**\*IMPORTANT!** At the end of the regular season, if your player becomes eligible for postseason play, you will be expected to provide an *original* birth certificate to the NCLL Board **within 24 hours** of being notified.

| NCLL USE ONLY                                |  |
|--|--|
| DATE RECEIVED:                               | /     /                                    |
| LEAGUE AGE:                                  | _____                                      |
| <b>PAYMENT</b>                               |  |
| <input type="checkbox"/> CASH                | <input type="checkbox"/> CHECK#: _____     |
| AMOUNT: _____                                |  |
| <input type="checkbox"/> FAMILY              | <input type="checkbox"/> BIRTH CERTIFICATE |
| <input type="checkbox"/> PROOF OF RESIDENCY: |  |
| 1.   | _____                                      |
| 2.   | _____                                      |
| 3.   | _____                                      |

*Little League Baseball does not limit participation in its activities based on gender, religious preference, sexual preference, race, color, creed, or physical disabilities.*

## EMERGENCY RELEASE FORM

PLEASE PRINT CLEARLY

Player Name: \_\_\_\_\_ Date:     /     /

I hereby consent to have any officer, manager, or coach of the Niles-Centerville Little League contact my personal physician if my child is injured during any practice at which I am not present, or game I do not attend. If my personal physician is unavailable, I hereby consent to have an officer, manager, or coach of the Niles-Centerville Little League use his/her own discretion in obtaining medical treatment for my child.

Parent/Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship to player: \_\_\_\_\_

Home Phone: (     ) \_\_\_\_\_ Cell Phone: (     ) \_\_\_\_\_ City: \_\_\_\_\_

Physician: \_\_\_\_\_ Health Insurance Plan: \_\_\_\_\_ Medical No.: \_\_\_\_\_

Physician Address: \_\_\_\_\_ City: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

Please list any physical limitations or medical problems, including those requiring maintenance medication: (allergies, diabetic, seizure disorder, asthma, hearing, vision, allergies to medicine, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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