

- GIRLS AND BOYS -
**NEW ROCHELLE
 LITTLE LEAGUE**



“You Must Register NOW - To Play Ball This Spring”

- WHEN -

- Saturday - January 5 • 10:00 AM - 2:00 PM
- Saturday - January 12 • 10:00 AM - 2:00 PM
- Saturday - January 26 • 10:00 AM - 2:00 PM
- Saturday - February 9 • 10:00 AM - 2:00 PM

On-line at <http://eteamz.active.com/newrochelleny>

- WHERE -

Little League House at “*Tocci Field*” Home of the Champions

30 Trinity Place, New Rochelle • (914) 576-1630

NEW REGISTRATIONS MUST HAVE:

A Copy of Your Child’s Birth Certificate

Cash or Check for Full Registration Fee

Make Checks Payable to: New Rochelle Little League



**Challenger League for Physically
 and Developmentally Disabled
 Boys and Girls Ages 6 - 18**

BOYS & GIRLS HARBALL

T-BALL	(KINDERGARTEN)	\$ 50.00
MIDGETS	(1ST & 2ND GRADES)	\$ 85.00
MINORS	(AGES 8 - 12 YRS.)	\$ 120.00
MAJORS	(AGES 10 - 12 YRS.)	\$ 120.00

MULTIPLE CHILDREN 1/2 PRICE

SCHOLARSHIP CONSIDERED UPON SUBMISSION OF APPROVAL LETTER OF FREE OR REDUCED LUNCH PROGRAM.

Returning Major Leaguer/Team _____

PAID

Tryout Level Majors Minors

Major _____
Upper Minor _____
Lower Minor _____
Midget _____
T-Ball _____



New Rochelle Little League Player Registration Form 2008

School _____

Grade _____

Player name			
Address			
Address 2			
City/State/Zip			
Home phone	()		
Email			

Birthdate		
Gender		
League Age/ Fee	Age	Amount

Would you be interested in playing fall baseball this year? yes no (Must be league age 9-12)

Parent #1

Parent #2

Name			Name		
Phone	()		Phone	()	
Email			Email		
Occupation			Occupation		
Volunteer?	<input type="checkbox"/> If checked, fill out "Volunteer Application"		Volunteer?	<input type="checkbox"/> If checked, fill out "Volunteer Application"	

Medical Information

League Use Only

Emergency contact		Phone											
Relationship to player		Policy											
Insurance carrier		<table border="1"> <tr><td>Birth Certificate</td><td>Proof of Residency</td></tr> <tr><td>Yes <input type="checkbox"/> No <input type="checkbox"/></td><td>Yes <input type="checkbox"/> No <input type="checkbox"/></td></tr> <tr><td>Medical Release Form</td><td>Waiver needed?</td></tr> <tr><td>Yes <input type="checkbox"/> No <input type="checkbox"/></td><td>Yes <input type="checkbox"/> No <input type="checkbox"/></td></tr> <tr><td>Level Assigned</td><td>Team Name</td></tr> </table>		Birth Certificate	Proof of Residency	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Medical Release Form	Waiver needed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Level Assigned	Team Name
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Level Assigned	Team Name												

- 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 from any claim arising out of any injury to my/our child whether the result of negligence or for any other cause.
- I/We agree to return upon request the uniform and other equipment issued to my/our child in as good conditions as when received except for normal wear and tear.
- I/We agree that our child (candidate) may be required to try out for a team. If such does not attend at least 50 percent of the tryouts, local Board-of -Directors' approval is required for such candidate to be placed on a team.
- I/We understand that our child (candidate) may be chosen at anytime to play on a Major Division team, if he or she is of the correct age for such division as determined by the local league and Little League Baseball. Declining to move up to such Major Division team will result in forfeiture of eligibility for the Major Division for the current season, and may be subject to further restrictions by the local league.

- I/We agree to provide proof of legal residence (as defined by Little League Baseball, Incorporated) 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, Incorporated) 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 of the above-named candidate to League Officials.

By signing this form we also agree to volunteer a minimum of 3 hours of service to work in the concession stand at Tocci Field or to help prepare the fields when needed.

Signature _____

Date _____