

P.H.L.L. - 2009 FALL REGISTRATION FORM

1) Mail this completed registration form and check (payable to P.H.L.L.) to the following address:

PALM HARBOR LITTLE LEAGUE - P.O. BOX 640 - PALM HARBOR, FL - 34682 (postmarked by 8/28/09)

2) Registration Fees: All Divisions \$95.00 Baseball & Softball

All Registration Fees include Shirt & Cap, Team Practices and Games -- * Professional Training Clinics - Baseball ages 7-12 and Softball

3) New Player Registrations - Please include copies of Player's Birth Certificate, Proof of Residence (utility bill), and Parent's Drivers License

PLAYER INFORMATION - Please Print Clearly

Player's Name _____	Birthdate _____	<input type="checkbox"/> Baseball
Street Address _____	* League Age _____	<input type="checkbox"/> Softball
City _____ FL Zip _____	* League Age is the Age the Player Will Be on the Determination Date Listed Below!	
Home Phone _____	Baseball = 04/30/10 / Softball = 12/31/09	
Home Email _____	Tee Ball-Must be 5 by 9/1/09	
		Gender M <input type="checkbox"/> F <input type="checkbox"/>

LEVEL of PLAY: Select the Baseball or Softball Division (by league age)

<input type="checkbox"/> Tee / Coach Pitch (5-7)	<input type="checkbox"/> Junior Baseball (13-14)	<input type="checkbox"/> Major Softball (10-12)
<input type="checkbox"/> Minor Baseball (7-10)	<input type="checkbox"/> Senior Baseball (14-16)	<input type="checkbox"/> Junior Softball (13-14)
<input type="checkbox"/> Major Baseball (11-12)	<input type="checkbox"/> Minor Softball (7-9)	<input type="checkbox"/> Senior Softball (15-16)

UNIFORM SHIRT SIZE: Please note - during the fall season only shirts and caps are provided

<input type="checkbox"/> Youth Small (6-8)	<input type="checkbox"/> Youth Medium (10-12)	<input type="checkbox"/> Youth Large (14-16)	<input type="checkbox"/> Adult Small
<input type="checkbox"/> Adult Medium	<input type="checkbox"/> Adult Large	<input type="checkbox"/> Adult X Large	<input type="checkbox"/> Adult XX Large

Parent / Guardian #1	Relationship	Parent / Guardian #2	Relationship
Name _____	_____	Name _____	_____
Home Phone _____	_____	Home Phone _____	_____
Cell Phone _____	_____	Cell Phone _____	_____
Email _____	_____	Email _____	_____

I would like to volunteer for the following role(s):

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Team Manager | <input type="checkbox"/> Umpire |
| <input type="checkbox"/> Team Coach | <input type="checkbox"/> Scorekeeper |
| <input type="checkbox"/> Team Mom | <input type="checkbox"/> Board Member |
| <input type="checkbox"/> Additional Shifts In Concession Stand ==> over the required 2 hour minimum | |
| <input type="checkbox"/> I am unable to volunteer. | |

I would like to volunteer for the following role(s):

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Team Manager | <input type="checkbox"/> Umpire |
| <input type="checkbox"/> Team Coach | <input type="checkbox"/> Scorekeeper |
| <input type="checkbox"/> Team Mom | <input type="checkbox"/> Board Member |
| <input type="checkbox"/> Additional Shifts In Concession Stand ==> over the required 2 hour minimum | |
| <input type="checkbox"/> I am unable to volunteer. | |

MEDICAL INFORMATION

Emergency Contact Name _____	Relationship to Player _____
Emergency Contact Phone () _____	Current School Name _____
Medical Conditions, Allergies, Limitations. _____	

REQUIRED CONCESSION STAND DUTY

As the parent/ guardian of the player listed above, Palm Harbor Little League requires at least one adult family member or adult player representative to volunteer in the Concession Stand a minimum of two hours during the season.

Parent/ Guardian Signature: _____

Date: _____

LEAGUE USE ONLY

<input type="checkbox"/> Returning Player	<input type="checkbox"/> Volunteer Application	Registration Fee Paid \$ _____	League _____
<input type="checkbox"/> * NEW Player	<input type="checkbox"/> * Proof of Residence	Paid Cash or Check # _____	Age --> _____
<input type="checkbox"/> * Birth Certificate	<input type="checkbox"/> * Parent Driver's Lic.	League Official: _____	Date: _____

PLEASE READ & SIGN

1. 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.
2. 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.
3. 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.
4. 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 (spring season), 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 may be found ineligible, and forfeit(s) and/or suspension of Tournament privileges may be decreed by action of the Charter Committee or Tournament Committee.
5. I/We will furnish a certified birth certificate of the above-named candidate to League Officials.
6. I/We understand that fund raising is an essential part of a volunteer program and agree to participate in any fund raising activities deemed necessary by the Palm Harbor Little League Board of Directors.
7. I/We understand that I/We will be required to volunteer a minimum of 2 hours during the season at the concession stand and that this shift(s) will be communicated to me/us by the team manager, team coach, or team mom. I/We further understand that declining to participate in the required concession stand shift(s) may result in my/our child's (candidate's) team having to forfeit 1 game.

PERMISSION TO PUBLISH PICTURES ON PHLL WEBSITE:

I, the parent am the natural parent and/ or legal guardian of registered player and have the authority to act on behalf with respect to the matters referenced in this document. I hereby give the Palm Harbor Little League ("PHLL") permission to publish photographs of this player/ child for an indefinite period of time, including but not limited to publication on the PHLL website at <http://www.eteamz.com/phll>.

In consideration of the acceptance of registered player participation in the PHLL, and with the understanding that published photographs may be copied by others, I AGREE TO ASSUME THE RISKS incidental to such publication, including, but not limited to, those risks set out above, and, on my own behalf, on behalf of my child or ward, and on behalf of my child's or ward's heirs, executors and administrators, RELEASE and forever discharge the released parties defined below, of and from all liabilities, claims, actions, damages, costs or expenses of any nature, arising out of or in any way connected with publication, my participation and/ or the participation of my child or ward in such publication and further agree to indemnify and hold each of the released parties harmless against any and all such liabilities, claims, actions, damages, costs or expenses, including, but not limited to, attorney's fees and disbursements. The released parties are Palm Harbor Little League, it's parent, related, affiliated and subsidiary companies, and the board members, volunteers, officers, directors, employees, agents, representatives, successors and assigns of each.

I understand that this release and indemnity agreement includes any claims based on the negligence, actions or inaction of any of the above released parties and covers said liabilities, claims, actions, damages, costs or expenses, whether suffered by me, my child's other parent, my child or ward before, during, or after such publication.

Parent/ Guardian Signature:

Date: