



# North Mission Viejo Little League

## 2010 Player Registration Form



DATE \_\_\_\_\_

VERIFEID BY \_\_\_\_\_

/ /

PLAYERS FIRST NAME

PLAYERS LAST NAME

DATE OF BIRTH

GRADE

SCHOOL

2009 division and team

Comments

Child resides with (please circle)

FATHER

MOTHER

NAME	FATHER	MOTHER
ADDRESS		
CITY/STATE/ZIP		
HOME PHONE #		
CELL PHONE #		
EMAIL ADDRESS		

I/We know that participation in baseball 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 NMVLL 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.

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Comments or current medications: \_\_\_\_\_ Date of last tetanus booster: \_\_\_\_\_

Emergency Contact (if unable to reach parent) \_\_\_\_\_ Phone: \_\_\_\_\_

BY INITIALING HERE, I HEARBY AUTHORIZE MY CHILD'S NAME AND PHONE NUMBER TO APPEAR IN THE ANNUAL YEARBOOK \_\_\_\_\_

PLEASE NOTE REFUND POLICY. 100% REFUND UNTIL TRYOUTS, \$25 ADMINISTRATION FEE CHARGED AFTER TRYOUTS, NO REFUNDS AFTER DRAFT.

PARENTS ARE REQUIRED TO WORK ONE SHIFT IN OUR SNACK BAR. FOR THOSE NOT INTERESTED IN WORKING IN THE SNACK BAR HAVE THE OPTION TO BUYOUT THEIR SHIFT AT \$20 AT TIME OF SCHEDULING. IN ADDITION TO MY SNACK BAR COMMITMENT, I WILL ALSO FULFILL MY VOLUNTEER OBLIGATION BY OFFERING TO: (CIRCLE AT LEAST ONE)  
MANAGER   COACH   UMPIRE   TEAM PARENT   SNACK BAR SUPERVISOR

PARENT SIGNATURE \_\_\_\_\_

ADMINISTRATIVE USE ONLY

DATE	BIRTH CERTIFICATE	LEAGUE AGE
DONATION AMOUNT	ADDRESS	VERIFIED BY
	CHECK NUMBER	CASH