

P# M# INT \$ CK#

<u>Player's First Name</u>	<u>Player's Last Name</u>	<u>Sex</u>	<u> / / </u>	<u>Birth Date</u>
Lives With: LEGAL FATHER LEGAL MOTHER BOTH		LLA (league use)		
To assist your Coach in scheduling do you anticipate that your Player non-baseball activities would conflict with ability to participate in practices or games? IF YES specific dates Player will be UNAVAILABLE _____				
Days of the week Player will be consistently UNAVAILABLE ? MON TUE WED THU FRI SAT SUN				
TBALL/Sigr Buddy (one) _____		Comments / Requests: _____		
School (Circle one): AUDUBON, BEN FRANKLIN, BEN RUSH, HORACE MANN, MARK TWAIN, REDMOND, ROCKWELL, ROSEHILL				
Father's Name: _____		Mother's Name: _____		
Address: _____		Address: _____		
City/State/Zip: _____		City/State/Zip: _____		
Home() _____	Work() _____	Home() _____	Work() _____	
Pager() _____	Fax() _____	Pager() _____	Fax() _____	
Email: _____		Email: _____		

1. I/We understand that by registering our player that we automatically become members of RWLL with all the rights and responsibilities therein and that I/we agree to abide by all National and Local Rules. I/We understand that part of this responsibility includes showing respect at all times to Umpires, Scorekeepers, Managers and Coaches, Concession Stand Workers, each other and most important to the players. Cheering must be positive in nature or I/we understand I/we may be asked to leave the game site if the Umpire or league Official determines that is necessary.
2. I/We will furnish an original certified birth certificate, King County Card, Passport (or other suitable document) of the above-named candidate to league Officials if requested.
3. I/We certify that I/we have verified that our player lives within the League's boundaries.
4. I/We agree to return upon request the uniform and other equipment issued to my/our child in as good a condition as when received except for normal wear and tear.
5. I/We, the parents 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.
6. I/We know that participation in baseball, or softball may result in serious injuries that protective equipment does not prevent all such harm to participating players. In recognition of the possibility of such harm, I/we do hereby assume the risk of these injuries and do hereby waive, release, absolve and agree to hold harmless and indemnify the local Redmond West Little League, Little League Baseball Incorporated, the organizers thereof, sponsors thereof, supervisors thereof, participants therein and persons transporting my/our child to and from related activities for any claim arising out of 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 any accident, liability, or medical insurance provided by Little league.

IN CASE OF EMERGENCY, if our family physician cannot be reached, I/we hereby authorize the above-named child to be treated by another physician who is available. If necessary, I/we authorize the above-named child to be transported, by the Aid car, to the nearest area hospital.

INSURANCE CARRIER/POLICY NO: _____

ALLERGIES: _____ MEDICATIONS: _____

Significant Past Illness or Injury: _____

Name and Phone No. of Family Physician: _____

Legal Father Sig.:

Legal Mother Sig.:

THIS BASEBALL PROGRAM IS DEPENDENT ON ALL VOLUNTEERING THEIR TIME TO CLEAN STANDS AFTER GAMES AND TO VOLUNTEER IN AT LEAST **ONE CAPACITY**:
() Board () Manager () Coach () Umpire () Fields () Scorekeeper () Other

REFUNDS ARE SUBJECT TO A PER PLAYER HANDLING FEE, \$17 PRIOR TO THE DRAFT, \$37 PRIOR TO APRIL, NO REFUNDS AFTER MARCH