

Tryout #

2011 Saddleback Little League Player Registration Form



LEAGUE USE ONLY

PLAYERS NAME: (LAST) (FIRST)	BIRTHDATE:	GENDER:	DIVISION/TEAM	LEAGUE AGE:
STREET ADDRESS:	YRS IN BASEBALL	SHIRT/WAIST	BIRTH CERT #	APPL TYPE IND FAMILY
CITY: ZIP: HOME PHONE:	LEAGUE LAST PLAYED FOR:		AMOUNT PAID \$	CHECK #
SCHOOL: GRADE:	LAST DIVISION:	LAST TEAM:	WAIVER: <input type="checkbox"/> REQUIRED <input type="checkbox"/> ON FILE	
SIBLING WANTED ON SAME TEAM?			VERIFIED BY:	
NAME:			POSITIONS NORMALLY PLAYED	

Residency OK - Players and their parents/guardians are hereby notified that a false statement of residence may lead to ineligibility to play Little League Baseball

PARENT INFORMATION

FATHER'S NAME: (LAST) (FIRST)	MOTHER'S NAME (LAST) (FIRST)
STREET ADDRESS (IF DIFFERENT FROM CHILD)	STREET ADDRESS (IF DIFFERENT FROM CHILD)
HOME PHONE WORK PHONE CELL PHONE	HOME PHONE WORK PHONE CELL PHONE
EMAIL ADDRESS	EMAIL ADDRESS

REQUIRED: PARENT'S VOLUNTARY ACTIVITIES

Please select 3 in order of preference: #1, #2, #3 - For Descriptions of Activities, See www.saddlebackll.com

<input type="checkbox"/> MANAGER	<input type="checkbox"/> UMPIRE*	<input type="checkbox"/> FIELD MAINTENANCE
<input type="checkbox"/> COACH	<input type="checkbox"/> SCORE KEEPER*	<input type="checkbox"/> SNACK BAR
<input type="checkbox"/> TEAM PARENT	<input type="checkbox"/> PITCH COUNTER*	<input type="checkbox"/> \$150 VOLUNTEER BUY OUT
* Note: Umpire/Score Keeper/Pitch Counter do not apply to ICL/Tee Ball/Single A 1 st Half		
League Use only	Coch/Manager App	Volunteer App

SADDLEBACK LITTLE LEAGUE REFUND POLICY

_____ (init) I/We, the undersigned parent(s) or legal guardian of the above named child, request Player Membership within Saddleback Little League (SLL). It is understood this request and Registration Fee initiate a process by SLL to order the Player's uniform, plan team sizes, place Player in a Try Out (not applicable for ICL, TBall, and Single A), and place Player on a team. It is further understood that the Player Membership request may be withdrawn in writing to the Board at playeragent@saddlebackll.com or Saddleback Little League, PO Box 502, Lake Forest, CA 92630, postmarked or delivered before December 15th 2010 for a full Registration Fee refund, or before January 15th 2011 for a 50% Registration Fee refund. It is understood no refund will be given on or after January 15th 2011.

PARENT'S PERMISSION AND EMERGENCY MEDICAL FORM

_____ (init) I/We, the undersigned parent(s) or legal guardian of the above named child, hereby give my/our approval to this participation in and of all activities of Saddleback Little League (SLL) during the current season. I/We assume all risks and hazards incidental to the conduct of the activities, and transportation to and from the activities. I/We do further hereby release, absolve, indemnify, and hold harmless SLL and Little League Baseball, Inc., the organizers, sponsors, directors, and supervisors, any and all of them. In case of injury to my/our child, I/we hereby waive all claims against the organizers, sponsors, directors, and any of the supervisors appointed by them. I/We likewise waive, to the extent not covered by liability insurance, any claim against any person transporting my/our child from the activities. I/We furnished a certified birth certificate of the above named registrant upon request of Little League officials.

_____ (init) I/We, the undersigned parent(s) or legal guardian of _____, a minor, do hereby authorize and consent to any x-ray, examination, anesthetic, medical, or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act or a dentist licensed under the provisions of the Dental Practice Act, and on the staff of any general hospital holding a current license to operate a hospital from the State of California, Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power to render care which the aforementioned physician, in the exercise of his best judgment may deem advisable, but that any of the above mentioned treatments will not be withheld if the undersigned cannot be reached.

LIST ALLERGIES OR OTHER INFORMATION TO THE MINOR'S HEALTH			
EMERGENCY CONTACT (OTHER THAN PARENT)	ADDRESS	DAYTIME PHONE	
PHYSICIAN'S NAME	ADDRESS	PHONE	
INSURANCE COMPANY	POLICY NUMBER	GROUP NUMBER	PHONE

FEES: Ice Cream League (age 4): \$85, Tee Ball (ages 5-6): \$150, Single A through Majors (ages 7-12): \$185, Juniors and Seniors (ages 13-16): \$225. Ages as of April 30, 2011. Additional or supplemental fees may be requested for special events or team selections (i.e., All Stars)

MY SIGNATURE BLEOW INDICATES THAT I HAVE READ AND ACKNOWLEDGE MY UNDERSTANDING OF THE ABOVE.

PARENT/GUARDIAN _____ DATE _____