

PLEASE PRINT CLEARLY

Rancho Buena Vista Little League

600 3/4 Optimist Way, Vista, CA 92081 (760)599-4024 www.leaguelineup.com/rbvll

Date:
Winterball Div:
2013 League Age
2012 Spring Div:
2012 Team:

APPLICATION TO PLAY WINTER SEASON

WINTER SEASON PLEASE PRINT CLEARLY

Player Name:	Lives with: (Father) (Mother) (Both)	
First Last		
Sex: M F Date of Birth:	Birth Certificate Verification: (Board Member Initial)	
School: Grade:	Emergency Contact:	
Insurance Co.:	Policy No.:	
Physician's Name:	Phone: ()	
List any allergies or physical restrictions:		
*Is child involved in another sport during "winter season"? \square Yes \square \square $ abla$ o		
Please list other sports/activities your child will be involved in during the season (e.g. soccer, boy scouts, etc).		
<u>FATHER</u> Residence Verificat	ion(BM Initial) <u>MOTHER</u>	
Name:	Name:	
Address:	Address:	
City: Zip:	City: Zip:	
Home Phone: ()	Home Phone: ()	
Work Phone: ()	Work Phone: ()	
Cell Phone: ()	Cell Phone: ()	
Occupation:	Occupation:	
E-Mail Address:	E-Mail Address:	

REFUND POLICY

In the event you withdraw your child from Little League for any reason,

the following refund guidelines will be observed:

Note: You MUST notify the President or Player Agent, in writing, of your child's withdrawal.

An answering machine message is not sufficient!

A full refund of registration fees and Snack Bar deposit will only be provided prior to issuance of the uniform. Within two weeks after games begin: \$55 for fees, \$85 snack bar deposit, if you have not already missed your shift(s). After that: No refunds. \$85 snack bar deposit, if you have not already missed your scheduled shift(s).

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Two Separate Checks are needed - One for Snack bar and one for Registration fees

If paying by Credit Card you will be charged a \$3.00 service fee

Snack Bar (Two Child Maximum) - one three hour shift	
I will work in the snack bar or provide an approved substitute (\$50.0	O Refundable check on completion of obligation)
Refundable Check #: Or enter "Cash" or "CC"	\$
Or enter "Cash" or "CC"	
I prefer to Opt-Out of snack bar duty for \$60.00 and have the leagu	ue hire someone to work for me.
Credit Card fee if applicable, \$3.00	\$
Paid by Check #:	\$
Or enter "Cash" or "CC"	
Registration Fee	
All Divisions \$80, Late Registration \$90	\$
Credit Card fee if applicable, \$3.00	\$
Multi-child Discount (after 2 players): -\$5 Other Children's' Names: Check #: Or enter "Cash" or "CC" **There will be a \$35 charge for all returned checks**	Registration Fees Due: \$
IMPLIED CONSENT AND LIAB	ILITY WAIVER
I/We, the parent(s) or guardian(s) of the above named candidate for a position on a Littl of the Little League activities, including transportation to and from activities. I/We known protective equipment does not prevent all injuries to players, and do hereby waive, resulting but the League, Little League Baseball, Inc., the organizers, sponsors, superfrom activities for any claim arising out of any injury to my/our child whether the result the amount covered by accident or liability insurance. I/We agree to return, upon request good a condition as when received except for normal wear and tear. I/We will furnish a Officials.	w that participation in baseball may result in serious injuries and release, absolve, indemnify and agree to hold harmless Rancho rvisors, participants and persons transporting my/our child to and of negligence or for any other cause, except to the extent and in est, the uniform and other equipment issued to my/our child in as
I/We further understand that the Optimist Park fields, stands, parking lot, etc., is posted rules and will ensure that persons under my/our supervision do the same.	
I agree to accept and abide by the rules and regulations of Rancho Buena Vista Little Le	eague.
Signature of parent or guardian:	Date:
CONSENT TO TREATMENT OF A MINOR / MED	ICAL RELEASE FORM
This is to certify that I/We, the parent(s)/guardian(s) of the child indicated above, a play grant permission to the adult manager, coach, and/or business manager of the tear medical clinic for the player named herein at such times as either parent or legal authorization shall include all league activities, including the period required to travel absolve, indemnify and agree to hold harmless RANCHO BUENA VISTA LITTLE LEAD PRINCIPLE AND PRINCIPLE	n to obtain medical care from any licensed physician, hospital, guardian cannot be contacted in person or by telephone. This to and from those activities; and we do hereby waive, release, AGUE, Little League Baseball, Inc., the organizers, supervisors,

Date:__

Signature of parent or guardian: