

2010

Litchfield Baseball, Inc. Player's Agreement

The undersigned, wish to participate in the summer program of Litchfield Baseball, Inc. and will abide by the rules as administered by its managers, coaches, and officers. I agree to return any uniforms and league equipment at the end of the season.

**THERE WILL BE NO REFUNDS FOR ANY REASON!!!**

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Email: \_\_\_\_\_  
Did you play last year? \_\_\_\_\_ If yes, give team name and age group: \_\_\_\_\_  
Do you have a brother/sister that will play in the same age group as you this year?  
If so, please give their name: \_\_\_\_\_

**Boys Age Groups**

<b><u>T-Ball (5-6)</u></b>	<b>(Boys)---</b> Players born on or between September 1, 2003 and August 31, 2005	<b>\$35</b> _____
<b><u>Pinto (7-8)</u></b> <b>(Pitching Machine)</b>	<b>(Boys)---</b> Players born on or between September 1, 2001 and August 31, 2003	<b>\$45</b> _____
<b><u>Mustang (9-10)</u></b>	<b>(Boys)---</b> Players born on or between September 1, 1999 and August 31, 2001	<b>\$45</b> _____
<b><u>Bronco (11-12)</u></b>	<b>(Boys)---</b> Players born on or between September 1, 1997 and August 31, 1999	<b>\$45</b> _____
<b><u>Pony (13-14)</u></b>	<b>(Boys)---</b> Players born on or between September 1, 1995 and August 31, 1997	<b>\$50</b> _____
<b><u>Colt (15-16)</u></b>	<b>(Boys)---</b> Players born on or between September 1, 1993 and August 31, 1995	<b>\$50</b> _____

Does your child have a medical condition that the coaches should know about?

Yes \_\_\_ No \_\_\_ If "yes", explain \_\_\_\_\_

I was a manager/coach last year: Yes \_\_\_ No \_\_\_ If yes, list full name: \_\_\_\_\_

I would be interested in managing or coaching my child's team: Yes \_\_\_ No \_\_\_ List full name: \_\_\_\_\_

*If yes, please complete a coaching application.*

**Shirt Sizes cannot be exchanged so please mark the correct size carefully!**

<b>(Child Sizes)</b>	<input type="checkbox"/> X-Small	<input type="checkbox"/> Small	<input type="checkbox"/> Medium	<input type="checkbox"/> Large	
<b>(Adult Sizes)</b>	<input type="checkbox"/> Small	<input type="checkbox"/> Medium	<input type="checkbox"/> Large	<input type="checkbox"/> X-Large	<input type="checkbox"/> XX-Large

**Is this a multiple family contract? (Are you signing up more than one child)** Yes \_\_\_ No \_\_\_

**This contract is valid upon signing.**

I/We the said parents of the child above give our consent to participate in said league. We do not hold anyone associated with Litchfield Baseball, Inc. responsible for any accidents which may occur during any practice sessions, league games, or travel time.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Registration Fee paid by signee \$ \_\_\_\_\_ (Cash or Check# \_\_\_\_\_)**

**If multiple children, list name and league.**

**Name:** \_\_\_\_\_ **League:** \_\_\_\_\_ **Name:** \_\_\_\_\_ **League:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **League:** \_\_\_\_\_ **Name:** \_\_\_\_\_ **League:** \_\_\_\_\_

**Boys Application**