

2010 Fees:

Individual rate:

Tee Ball.....\$50 (ages 5 & 6)

Softball/Baseball.....\$60 (ages 7 to 12)

Family Rate (2 or more players):

Baseball/Tee Ball....\$90 (ages 7 to 12)

Jr./Sr. Softball \$70.00 No Family Rate

Jr//Sr. Baseball \$75.00 No Family Rate

(Make checks payable to: **W.A.L.L.**)

Include **PROOF OF BIRTH** If new player

W.A.L.L.

WINDSOR AMERICAN LITTLE LEAGUE

P.O. BOX 974

WINDSOR, CT 06095

2010

www.WindsorAmericanLL.com

Registration Form

LEAGUE USE ONLY

League ID #: 2070813

Birth Certificate: New ___ On File ___

Participation Fee Pd: _____

Meth of Payment: Cash ___ Check ___

Check # _____

Date Received ___/___/___

Parent/Guardian Information:

Parent/Guardian Name: _____

(Please Print Clearly)

Phone # *(please print clearly)* _____ E-mail address _____

(We will use this to communicate clinic and try-out dates)

Volunteer Information:

Windsor American Little League is solely run by volunteers. The organization can't work without volunteers.

Please **volunteer** to support our children by placing a check in **AT LEAST** One Box:

___ Coach/Assistant Coach

___ Umpire (Training provided)

___ Concession Stand

___ Plumbing/Carpentry/Electrician

___ Special Projects _____

Player Information:

Player's name _____ Male ___ Female ___

Birth Date ___/___/___ League Age _____ Baseball ___ Softball ___ Tee Ball ___
(As of 4/30/10 for Baseball 1/1/10 for Softball)

Street Address _____ City _____ State _____ Zip _____

School _____

Participation in Little League baseball requires the ability to throw, swing a bat and catch a ball. Additionally, participation requires the capacity to understand the rules of the game. Does your child have any current condition that limits his/her ability to participate in this activity? Yes _____ No _____

If "yes", please explain and identify any modifications that would enable your child to participate: _____

Please provide information about allergies or medical conditions that the team should have in case of emergency: _____

I/We the parent(s) 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.

I/We know that participation in baseball or softball 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 the local Little League, Little League Baseball, Inc., the organizers, sponsors, participants and persons transporting my/our child to and from activities for any claim arising out of any 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 accident or liability insurance.

I hereby give W.A.L.L. the absolute right and permission to publish pictures of my child as part of league promotions. The children's name will never be used in association with any picture. Yes ___ No ___

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.

I/We will furnish a certified birth certificate (or passport) of the above named candidate to League Officials

Parent(s) or Guardian(s) Signature(s): _____

Little League Baseball does not limit participation in its activities on the basis of disability