

EAST MOUNTAIN LITTLE LEAGUE



P.O. BOX 1008 • CEDAR CREST, NEW MEXICO 87008

<input type="checkbox"/> BASEBALL (AGE ON APRIL 30, 2007)	<input type="checkbox"/> SOFTBALL (AGE ON DECEMBER 31, 2006)	REGISTRATION #	<input type="checkbox"/> RETURNING	<input type="checkbox"/> 1ST YEAR PLAYER
FIRST NAME:		BIRTH CERTIFICATE: YES <input type="checkbox"/> NO <input type="checkbox"/> VERIFIED BY:		
LAST NAME:		SEX:		DATE OF BIRTH
LIVES WITH MOTHER / FATHER OR BOTH:		SCHOOL		
FATHER'S NAME:		MOTHER'S NAME:		
MAIL ADDRESS:		MAIL ADDRESS:		
PHYSICAL ADDRESS:		PHYSICAL ADDRESS:		
E-MAIL ADDRESS:		E-MAIL ADDRESS:		
HOME PHONE:	WORK PHONE:	HOME PHONE:	WORK PHONE:	
EMPLOYER		EMPLOYER		

I/WE, the parents/guardian of the above named candidate for a position on Little League team, hereby give my/our approval to participate in any and all Little League activities. I/WE assume all risks and hazards incidental to such participation including transportation to and from the activities; and I/WE do hereby waive, release, absolve, indemnify and agree to hold harmless the local Little League, Little League Baseball Incorporated, the organizers, sponsors, supervisors, or participants, for any damage to my vehicle while parked at the fields, for any damages incurred while transporting my/our child to and from activities, for any claim arising out of an 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/WE agree to return upon request any equipment issued to our child in as good condition as when received except for normal wear and tear. I/WE will furnish a certified birth certificate of the above named candidate to League Officials.

PARENT SIGNATURE	DATE:
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PROOF OF RESIDENCE: DRIVER'S LICENSE VOTER'S REGISTRATION SCHOOL RECORDS WELFARE RECORDS HOMEOWNER/TENANT RECORDS
 UTILITY BILLS FEDERAL, STATE & LOCAL RECORDS SUPPORT PAYMENT RECORDS VEHICLE REGISTRATION FINANCIAL RECORDS
 INSURANCE DOCUMENTS MEDICAL RECORDS INTERNET, CABLE, SATELLITE RECORDS

IS YOUR CHILD AVAILABLE POOL PLAY? YES NO

ARE YOU ABLE TO VOLUNTEER? (PLEASE CHECK ALL THAT APPLY)
 MANAGER (Head Coach) ASSISTANT COACH UMPIRE SCOREKEEPER TEAM PARENT CONCESSION ASSIGNMENTS
 TEAM PICTURES BOARD OF DIRECTORS END OF SEASON PARTY FALL BALL

FIELD MAINTENANCE: I/WE agree to work on Field Maintenance 2 hours on date(s) given:
 FIELD MAINTENANCE DATES : PARENT SIGNATURE:

OTHER TALENTS TO VOLUNTEER:
 Donation of Services as Plumber, Painter, Electrician, Contractor, Lawyer, Sign Painter, Mason, etc.
 DESCRIBE BELOW:

SPONSOR: YES NO

NAME OF COMPANY

ADDRESS

OFFICE PHONE:

FUNDRAISER:
 WILL PARTICIPATE IN FUNDRAISER
 FUNDRAISER BUYOUT

OFFICIAL USE:
 I have examined this Application and supporting Proof of Age Documents and find both to be in accordance with Little League Rules and Regulations.
 PRESIDENT:

REGISTRATION	
FIELD MAINTENANCE	
BUYOUT	
TOTAL	
PAID	