

Auburn Little League Fall Ball Registration
(Must be received by Aug. 27th 2009)

Name: _____ Male Female
Date of Birth: _____ Baseball Softball
Address: _____
City, State, Zip: _____
Telephone _____
Email _____
School _____ Grade _____

Please indicate which level your player is eligible to play.

Playing age for the 2010 Season:

Baseball: Players age as of April 30th 2010

Softball: Players age as of December 31st 2009

Junior (13/14 yr olds) **Major** (11-12 yr olds) **Minor** (9-10 yr olds)

Returning Junior/Major Player Yes No

If yes, which team? _____

Auburn Little League is a volunteer organization. I/We are willing to assist the coach with: Field Prep
Umpiring Phone Calling Practice

I/We the parents 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 activities. I/We know that the participation in baseball or softball may result in serious injuries and protective equipment does not protect all injuries to players, and do hereby waive release, absolve, indemnify and agree to hold harmless the local Little League, Little League Baseball Incorporated, the organizers, sponsors, supervisors, participants and persons transporting my/our child to and from activities from any claim arising out of 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 and liability insurance. I/We agree to return upon request the uniform and any other equipment issued to my/our child in as good as condition as when received except for normal wear and tear. I/We will have available the certified birth certificate upon request from a league official. (These will only be requested if they have not been previously viewed.)

Medical Release form for Auburn Little League

Please indicate any physical limitations (allergies, vision, hearing, etc.)

Date of Last Tetanus Booster _____

Family Hospitalization Plan _____

Family Physician _____ (Telephone) _____

In case of an emergency if our family physician cannot be reached, I hereby authorize that :

(Player's Name) (Date of Birth)

Is to be treated by another qualified, licensed physician who is available.

Date _____

Parent/Guardian's Authorization _____

Please send registration & \$45 fee to:

Auburn Little League

PO Box 57

Auburn, WA 98071

League Use Only: _____ Cash _____ Check _____ Other