



- Player Agent Use Only -
Player: New / Returning
Division: _____
Playing Up?: Yes / No

APPLICATION TO PLAY LITTLE LEAGUE BASEBALL – 2010
(One child per form)

Player's Full Name _____ Sex _____

Player's Date of Birth _____ Home Phone Number _____

Street Address _____

City/State/Zip _____

Family e-Mail Addresses _____

Father's Name _____ Work/Mobile Nos. _____

Mother's Name _____ Work/Mobile Nos. _____

I/We the parents of the above named candidate for a position on a Little League team, 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 activities. We/I hereby waive, release, absolve, indemnify and agree to hold harmless the local Little League, Little League Incorporated, the organizers, sponsors, supervisors, participants and persons 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 realize in order for Arden Little League to provide a quality program that it is **mandatory** that a parent participate in the Little League Program.

I/We **AGREE**/ **DO NOT AGREE** (check one) to the use of my/our player(s) likeness or recognizable image and/or name(s) for media purposes including, but not limited to, Arden Little League print materials and web site, public newspaper, and radio/television/web broadcasts.

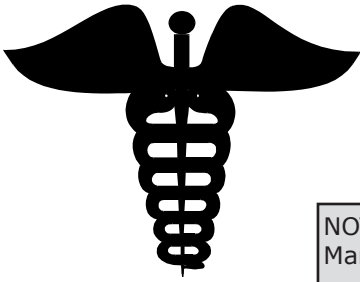
I/We **AGREE**/ **DO NOT AGREE** (check one) to the inclusion of our family name, player(s) name, address, and phone number in the Arden Little League Directory.

Father's Signature _____ **Date** _____

Mother's Signature _____ **Date** _____

Shirt Size: **YS** **YM** **YL** **AS** **AM** **AL** **AXL (circle appropriate size)**

Playing T-Ball: Anyone you would like to have on your team? List their names. *We will attempt to place you with at least one person you list.*



Little League[®] Baseball and Softball Medical Release



NOTE: To be carried by any Regular Season or Tournament Team Manager together with team roster or eligibility affidavit.

Player: _____

Date of Birth: _____

League Name: _____

I.D. Number: _____

Parent or Guardian Authorization:

In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel. (i.e. EMT, First Responder, E.R. Physician)

Family Physician: _____ Phone: _____

Address: _____

Hospital Preference: _____

In case of emergency contact:

Name Phone Relationship to Player

Name Phone Relationship to Player

Please list any allergies/medical problems, including those requiring maintenance medication. (i.e. Diabetic, Asthma, Seizure Disorder)

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

Date of last Tetanus Toxoid Booster: _____

Mr./Mrs./Ms. _____
Authorized Parent/Guardian Signature

WARNING: Protective equipment cannot prevent all injuries a player might receive while participating in Baseball/Softball.

Little League does not limit participation in its activities on the basis of disability, race, color, creed, national origin, gender, sexual preference or religious preference.

ARDEN LITTLE LEAGUE - VOLUNTEER FORM – 2010

**ALL FAMILIES ARE REQUIRED TO VOLUNTEER FOR AT LEAST ONE TASK
(even if Manager/Coach).**

Name: _____

Phone: _____

Email: _____

- | | |
|--|--|
| <input type="checkbox"/> New Board Member | <input type="checkbox"/> Post-season Tournaments (June/July) |
| <input type="checkbox"/> Advertisements Solicitor | <input type="checkbox"/> Scorekeeper |
| <input type="checkbox"/> Field Prep Work Day (Sat., March 6) | <input type="checkbox"/> Snack Bar Nightly Manager |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Umpire (extra shifts) |
| <input type="checkbox"/> Opening Day (Sat., March 20) | <input type="checkbox"/> Duty Officer |
| <input type="checkbox"/> Pancake Breakfast (Sat., May 1) | <input type="checkbox"/> Field Mowing |
| | <input type="checkbox"/> Web Site Updating Weekly |

