



# Aptos Little League 2010 Fallball Registration & Medical Release Form

NOTE: To be carried by Team Manager at all games and practices.

**Fees: \$80 per player**



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

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

League Age as of 4/30/2011 (must be 9-12 years old): \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ M  F

Baseball Experience Last Year's Division: \_\_\_\_\_ Team Name: \_\_\_\_\_ # Yrs. in Baseball: \_\_\_\_\_

2010 Fallball Division Preference:  Division 1 (10-12 year olds Major/AAA)  Division 2 (9-11 year olds AAA/AA)

Playing any other fall sports (soccer, flag football, etc.)? \_\_\_\_\_

Lives With Both:  Mom:  Dad:  Guardian:  School: \_\_\_\_\_ Grade: \_\_\_\_\_

List of allergies/medical conditions, including required medications with dosages and frequencies:

Family Physician: \_\_\_\_\_ Date of Last Tetanus Toxoid Booster: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Insurance Carrier Phone #: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business/Cell Phone: \_\_\_\_\_

Occupation (optional): \_\_\_\_\_ Special Skills: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business/Cell Phone: \_\_\_\_\_

Occupation (optional): \_\_\_\_\_ Special Skills: \_\_\_\_\_

## Parental Participation

We are a non-profit volunteer organization  
and we need everyone's help!

- Manager
- Fallball Sponsor
- Landscaping
- Coach/Asst.
- Board Member
- Carpentry
- \$ \_\_\_\_\_ donation included with registration

## PLEASE READ, SIGN & DATE BELOW

- I/We, the parents/guardians 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 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, Incorporated, the organizers, sponsors, supervisors, participants, and persons transporting my/our child to and from activities from any claim arising out of any injury to my/our child whether the result of negligence or for any other cause.

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

### LEAGUE USE ONLY

Registration Fee ..... \$ \_\_\_\_\_

Other ..... \$ \_\_\_\_\_

Total ..... \$ \_\_\_\_\_

Cash: \_\_\_\_\_ Check #: \_\_\_\_\_