

GILBERT AMERICAN LITTLE LEAGUE

Register online @ www.gilbertlittleleague.com



2010 SPRING BASEBALL REGISTRATION FORM

First Name: _____ **Last Name:** _____ **Gender:** M F **Birth date:** _____ **Age on April 30, 2010** _____
Street Address: _____ **Apt #:** _____ **City:** _____ **Zip:** _____ **Home Phone:** _____
Best email: _____ **2nd email:** _____
Father's name: _____ **Cell phone:** _____ **Mother's name:** _____ **Cell phone:** _____
Health insurance provider: _____ **Policy / Group #:** _____ **Health Concerns:** _____
Emergency Contact: _____ **Phone number:** _____ **2nd phone number:** _____

MEDICAL CARE: In case of emergency, if the family physician named above cannot be reached, I hereby authorize above named player to be treated by another qualified physician who is available.
Parent's Initials: _____

REFUND POLICY: After open registration closes, refunds will only be made in the event GALL is unable to place a player on a team.
Parent's Initials: _____

CONSENT AND ACKNOWLEDGEMENT: I/We, the parent(s) of the above named registrant, hereby give my/our approval to participate in any and all Little League 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, indemnify, and agree to hold harmless Gilbert American Little League (GALL), Little League baseball, Inc; the organizers, sponsors, 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 agree to return, upon request, the uniform and other equipment issued to my/our child in condition consistent as when it was received from GALL except for normal wear and tear. I/We will furnish a certified birth certificate of the above named candidate upon request by G.A.L.L. or local league officials. As the parent(s) or guardian(s) representing the player on this registration form, I/we agree to demonstrate appropriate sportsmanship at all times. If found to be inappropriate, I/we understand that disciplinary actions may be levied up to and including removal from the park, team and/or the league. Participation in Little League Baseball requires the ability to run, throw, swing a bat, catch a ball and understand and abide by the rules of the game. I/We agree to allow G.A.L.L. to use any photo or likeness of the above registrant on the G.A.L.L. website or other promotional materials.

Does the above registrant have any current conditions that may limit his/her ability to participate in baseball?: Yes No If yes, please explain: _____
 (use back of form if necessary)

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

PARENT(S) CONSENT & ACKNOWLEDGEMENT SIGNATURE: _____ **DATE:** _____

REGISTRATION SECTION: Please mark the division of registration

- | | |
|---|---|
| Developmental Divisions | Competitive Divisions |
| <input type="checkbox"/> (T) T-Ball (ages 4-6) | <input type="checkbox"/> (Mn)Minors (ages 9-11) |
| <input type="checkbox"/> (F) Farm (mp / ages 7-8) | <input type="checkbox"/> (Mj) Majors (ages 10-12) |
| <input type="checkbox"/> (R) Rookie (mp + kp ages 9-10) | <input type="checkbox"/> (J) Juniors (ages 13-14) |
| mp = machine pitch kp = kid pitch | <input type="checkbox"/> (S) Seniors (ages 15-16) |

*A Player may request to play UP into the FARM or Rookie division if they played with GALL in the 2009 Spring season and meet age requirements.

TBALL / FARM Player or Coach Request: _____

*AS G.A.L.L. IS A NON-PROFIT LEAGUE, ALL TEAMS MUST MEET

Fees: Increases apply per date indicated

	T&F	R,Mn,Mj,J,S	Family Max
By Nov. 30	\$75	\$130	\$300
By Dec. 31	\$95	\$150	\$325
By Jan. 11	\$105	\$170	\$350

Registration after Jan. 16 is space available ONLY + \$10

FAMILY MAX is the maximum cost per household regardless of number of registrants.
 *Separate registration form for each required.

League Use Only:
 Received by: _____
 Date: _____
 Amount Received: _____
 Check/Money Order #: _____
 Birth certificate verified: _____
 Eligibility:
 In-boundary
 2H
 4H

ESTABLISHED FUNDRAISING REQUIREMENTS!

VOLUNTEERS NEEDED! I offer to assist as: Team Manager Asst. Coach Team Parent League Assistant