

Spring Branch American Little League

Spring 2017

10520 Westview * Houston, TX 77043 * <http://www.SBALL.org>

League Number: 343-16-11 * Application to Play Little League

PLAYER INFORMATION

Player Name: _____
LAST FIRST M.I.

Address: _____ **Sex:** Circle One Male / Female

City, State, Zip: _____ **Home Phone:** _____

Subdivision: _____ **Birth Date:** _____

School Name: _____ **Birth Cert #:** _____

School Grade: _____

PARENT INFORMATION

<p>Relationship: _____</p> <p>Name: _____ <small style="margin-left: 100px;">LAST / FIRST / M.I.</small></p> <p>Work / Ext.: _____</p> <p>Mobile: _____</p> <p>Fax: _____</p> <p>Other Phone: _____</p> <p>Email: _____</p> <p><small>ENTER INFO BELOW ONLY IF DIFFERENT FROM PLAYER'S:</small></p> <p>Home Phone: _____</p> <p>Address: _____</p> <p>City, ST, Zip: _____</p>	<p>Relationship: _____</p> <p>Name: _____ <small style="margin-left: 100px;">LAST / FIRST / M.I.</small></p> <p>Work / Ext.: _____</p> <p>Mobile: _____</p> <p>Fax: _____</p> <p>Other Phone: _____</p> <p>Email: _____</p> <p><small>ENTER INFO BELOW ONLY IF DIFFERENT FROM PLAYER'S:</small></p> <p>Home Phone: _____</p> <p>Address: _____</p> <p>City, ST, Zip: _____</p>
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Circle All Position you are interested in:

- | | |
|------------------|------------------|
| Board Member | Coach |
| Team Coordinator | Safety Officer |
| Webmaster | Concession Stand |
| Uniforms | Photography |
| Opening Day | Groundskeeper |
| Head Umpire | |

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MEDICAL INFORMATION

Doctor Name: _____ **Emer Name:** _____

Doctor Phone: _____ **Emer Phone:** _____

Emer Relationship: _____

Medical Remarks: _____

Special Requests: _____

FOR LEAGUE USE ONLY

Shirt Size: YS YM YL AS AM AL AXL AXXL

Registration Date:		Registration Dues:	
Child:	of	Late Fees:	
League Age:		Total Amount Due:	
Division:		Payment Type:	
		Check #:	
		Payment Amount:	

<p>DUE TO THE PROCESSING COSTS INVOLVED FOR THOSE REQUESTING REFUNDS FROM SPRING BRANCH AMERICAN LITTLE LEAGUE, THE BOARD OF DIRECTORS OF THE LEAGUE HAS APPROVED AND IMPLEMENTED A CHARGE FOR SUCH REQUESTS. THIS POLICY ALLOWS FOR REFUNDS PRIOR TO OUR DRAFT DATES AND CHARGES 50% OF THE REGISTRATION FEE AFTER THE DRAFT DATE BUT BEFORE THE SEASON STARTS. AFTER THE SEASON STARTS, REFUNDS WILL NOT BE GRANTED UNLESS APPROVED BY THE BOARD OF DIRECTORS. 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. I/We assume all risk 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, 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 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. I/We do hereby authorize any person(s) in a responsible position within the Little League program, in the event of an emergency, to authorize emergency medical treatment for my/our child named herein. I/We agree to hold harmless such person(s) and such emergency care centers (hospital, doctors, nurses, providing such emergency care) for such act and to assume financial responsibility for said treatment.</p>

I DO HEREBY CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT.

Parent/Guardian Signature: _____ **Date:** _____
Parent/Guardian Name: _____