

# Spring Branch American Little League

# Spring 2010

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

<b>Relationship:</b> _____	<b>Relationship:</b> _____
<b>Name:</b> _____ <small>LAST / FIRST / M.I.</small>	<b>Name:</b> _____ <small>LAST / FIRST / M.I.</small>
<b>Work / Ext.:</b> _____	<b>Work / Ext.:</b> _____
<b>Mobile:</b> _____	<b>Mobile:</b> _____
<b>Fax:</b> _____	<b>Fax:</b> _____
<b>Other Phone:</b> _____	<b>Other Phone:</b> _____
<b>Email:</b> _____	<b>Email:</b> _____
<small>ENTER INFO BELOW ONLY IF DIFFERENT FROM PLAYER'S:</small>	<small>ENTER INFO BELOW ONLY IF DIFFERENT FROM PLAYER'S:</small>
<b>Home Phone:</b> _____	<b>Home Phone:</b> _____
<b>Address:</b> _____	<b>Address:</b> _____
<b>City, ST, Zip:</b> _____	<b>City, ST, Zip:</b> _____

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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| Head Umpire      |                  |

## MEDICAL INFORMATION

**Doctor Name:** \_\_\_\_\_ **Emer Name:** \_\_\_\_\_

**Doctor Phone:** \_\_\_\_\_ **Emer Phone:** \_\_\_\_\_

**Emer Relationship:** \_\_\_\_\_

**Med Remarks** \_\_\_\_\_

**Special Requests:** \_\_\_\_\_

**FOR LEAGUE USE ONLY**

**Shirt Size:**      YXS    YS    YM    YL    YXL    AS    AM    AL    AXL    AXXL    AXXXL

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

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.

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

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_