

PRESCOTT LITTLE LEAGUE REGISTRATION

1042 Willow Creek Rd. #169 Prescott, AZ 86301 (928) 771-1875

eteamz.com/prescottlittleleague or prescottlittleleague@gmail.com

<u>PLAYER INFORMATION</u>	<u>LEAGUE USE ONLY</u>
PLEASE CLEARLY FILL OUT ALL INFO BELOW	
NAME: _____	DIVISION: _____ LEAGUE AGE** _____
BIRTH DATE: _____	REGISTRATION DATE: _____
GENDER: _____ MALE _____ FEMALE	PLAYER DUES: \$ _____
ADDRESS: _____	FAMILY DISCOUNT: (_____ # IN FAMILY)
CITY & ZIP _____	TOTAL PAID: \$ _____
EMAIL: _____	CHECK # _____ CASH (_____)
PHONE: (____) _____ CELL: (____) _____	TAX DEDUCTIBLE DONATION: \$ _____
	WAIVER NEEDED? _____
SCHOOL: _____	
SHIRT SIZE: YOUTH S M L XL	
ADULT S M L XL	

____ T-BALL	AGES 4-6	COACH PREFERENCE: _____
____ COACH PITCH	AGES 6-8	COACH PREFERENCE: _____
____ MINORS	AGES 9-12	DO NOT DRAFT TO MAJORS _____
____ MAJORS	AGES 9-12	RETURNING MAJOR TEAM? _____
____ JUNIORS	AGES 13-14	
____ CHALLENGER	AGES 4-18	**Age Prior to May 1, 2013

REGISTRATION FEES

\$55 - T-BALL, COACH PITCH, MINORS, MAJORS & CHALLENGER DIVISION'S

\$65 - JUNIORS \$45 - ADD'L FAMILY (2nd, 3rd child not including Jr.'s)

**** CUT-OFF DATE TO RECEIVE APPLICATIONS FOR ALL DIVISIONS = MARCH 4TH, 2013****

*****LATE FEE AFTER MARCH 4TH, 2013 - ADD \$10 PER PLAYER - NO GUARANTEES*****

PARENT(S) NAME: _____	PHONE: (____) _____
EMERGENCY CONTACT: _____	PHONE: (____) _____ RELATIONSHIP: _____
ALLERGIES OR MEDICAL CONDITIONS: _____	
PHYSICIAN: _____	PHONE: (____) _____ TYLENOL: __ YES __ NO

I/We the parents and/or guardian of the above named player, hereby give my/our approval to participate in any and all league activities. I/We assume all risks 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 league, the chartering organization, 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 from any other cause except to the extent and in the amount covered by accident and liability insurance. I/We understand that the insurance carried by this league covers only the amount that is not paid by my/our carrier. I/We agree to return upon request the uniform and other equipment issued to my/our child in as good of condition as when issued except for normal wear and tear.

I/We will furnish a certified birth certificate of the above named candidate to league officials.

If family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (ie: EMT, First Responder, Emergency Room Physician, etc.)

I/We verify player lives within the boundary of Prescott Little League. If the league discovers player does not live within its boundary, it may remove player from team rosters. I/We understand that a player living outside the leagues boundary is NOT eligible to be on regular and all star teams. Exception: Regulation II (d) and/or IV (h).

Signature: _____ Relationship to player: _____