

PRESCOTT LITTLE LEAGUE REGISTRATION

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

<u>PLAYER INFORMATION</u>	<u>LEAGUE USE ONLY</u>
PLEASE FILL OUT ALL INFO BELOW	
NAME: _____	DIVISION: _____ LEAGUE AGE: _____
BIRTH DATE: _____	TRYOUT DIVISION: _____
GENDER: _____ MALE _____ FEMALE	REGISTRATION DATE: _____
ADDRESS & ZIP: _____	PLAYER DUES: \$ _____
EMAIL: _____	FAMILY DISCOUNT: (____ IN FAMILY)
PHONE: (____) _____ CELL: (____) _____	TOTAL PAID: \$ _____
	TAX DEDUCTIBLE DONATION: \$ _____
SCHOOL: _____	SCHOLARSHIP: YES NO
SHIRT SIZE: YOUTH S M L XL	
ADULT S M L XL	

____ T-BALL AGES 4-6	COACH PREFERENCE: _____
____ COACH PITCH AGES 7-9	COACH PREFERENCE: _____
____ MINORS AGES 9-12	DO NOT DRAFT TO MAJORS _____
____ MAJORS AGES 9-12	RETURNING MAJOR TEAM? _____
____ JUNIORS AGES 13-14	**Age Prior to May 1, 2008**

<u>REGISTRATION FEES</u>	
\$35 - T-BALL, COACH PITCH, MINORS AND MAJORS \$60 - JUNIORS \$25 - ADD'L FAMILY	
** CUT-OFF DATE TO RECEIVE APPLICATIONS FOR LOWER DIVISIONS = MARCH 9, 2008**	

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 and 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: _____