2011 Philipstown Little League Registration

Player Information

Player's First Name:	Player's Last Name:	Male/Female:	Birth date:	School:
Street Address:		City:	Zip Code:	Home Phone:

Division Played Last Spring:	**Requested Division for Spring 2011 season. Typical player ages are listed for each Division:**
○T-Ball ○Junior Minors	○ Junior Minors (League Age 6-7)
○Minors ○Majors	○ Minors (League Age 8-10) ○ Majors (League Age 11-12)
○Junior League	○ Junior League (League Age 13-15) ○ Senior League (League Age 15-16)
○Minor Softball	○ Minor Softball (League Age 7-9)
○Major Softball	○ Major Softball (League Age 10-12)
	Note: Ages are based on your child's age as of 04/30/2011 for baseball and 12/31/2010 for softball

Parent 1 First Name:	Parent 1 Last Name:	Parent 1 E-Mail Address:	Work and Cell Phone:
Parent 2 First Name:	Parent 2 Last Name:	Parent 2 E-Mail Address:	Work and Cell Phone:
I would like to Apply to be a Manager or Coach: ○ Manager ○ Coach	I would like my player included in an internet based player directory? ○ Yes ○ No	For which role(s) would you like to Volunteer: ☐Team Sponsorship ☐Concession Operations ☐Umpire ☐Team Parent ☐ Auxiliary (Opening/Closing/Picture Day)	

Registration Fees	Amount Due	*PLL Administrative Use Only*	
Early Bird Reg – BEFORE 12/31/10 $100 ; $75 for **2nd** & $65 for **3rd** child	Please refer to fee schedule to the left.	☐ Proof of Residence	☐ Birth Certificate(s)
Standard Reg 1/1/11–1/31/11 $150 ; $95 for **2nd** & $75 for **3rd** child	Registration Fee: $_____ Number of Children___	League Age:	Check #:
Late Reg AFTER 2/1/11 $200; $100 for **2nd**& $75 for **3rd** child		Division:	Cash :
NO REGISTRATION after 3/13/2010	Fees include 2011 membership card and raffle tickets to be provided to you by April 2010.	Team:	
Please indicate shirt size for each player: ____ XS ____ SM ____ MD ____ LG ____ XL		Note:	

PARENT'S PERMISSION AND EMERGENCY MEDICAL FORM

I/We, the parent(s) or guardian(s) of the above-named child hereby gives my/our permission for participation in any and all of the activities of Little League Baseball during the current season. I/We assume all risks and hazards incidental to the conduct of the activities and transportation to and from the activities. I/We do further hereby release, absolve, indemnify and hold harmless Little League Baseball, Inc.; the organizers, sponsors, directors and supervisors, any or all of them. In case of injury to my child, I/We hereby waive all claims against the organizers, sponsors, directors, or any supervisor appointed by them. I/We likewise, waive to the extent not covered by liability insurance, any claim against any transporting of my/our child to or from activities. I/We furnish a certified birth certificate of the above-named registrant upon request of Little League officials.

I/We the undersigned parents or legal guardians of _____ a minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical, or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the Medicine Practices Act or a dentist licensed under the provisions of the Dental Practice Act and on the staff of any general hospital holding a current license to operate a hospital from the State of New York Department of Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power to render care which the aforementioned physician, in the exercise of his/her best judgment, may deem advisable. It is understood that efforts shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above-mentioned treatments will not be withheld if the undersigned cannot be reached. A copy of this release may be used in lieu of the original.

Medical Information

Allergies/other information relating to minor's health:	Physical or Mental Impairment:
Name of Emergency Contact:	Phone Number:
Physician's Name: Phone Number:	Insurance Carrier:_____ Policy Number_____

Parent or Legal Guardian (Print name): Signature _____ Date: _____

RETURN THIS FORM AND COPY OF BIRTH CERTIFICATE TO PLL, PO BOX 347, COLD SPRING, NEW YORK 10516