

**LLL League of Champions
Player Application
2008 Spring Season**

Name on Birth Certificate _____ Nickname _____

Phone Number _____ Sex _____ Date of Birth ____/____/____

Street Address _____

City _____ Zip Code _____

Attending School District _____

School Name _____ Grade _____

Father's Name _____ Work Phone _____

Father's Cell Phone _____ E-mail _____

Will you help...your child's team? _____ the League? _____ Umpire? _____

Mother's Name _____ Work Phone _____

Mother's Cell Phone _____ E-mail _____

Will you help...your child's team? _____ the League? _____ Team Mom? _____

Player's Shirt Size _____ Pant Size _____ Height _____ Weight _____

Has your child played in the Challenger Division? _____ Please provide the following:

Name of League _____ Dates _____

Use this space to provide the league/coaches any comments regarding your child and the anticipated level of support needed to make this a successful season: _____

For League Use Only

Team _____ Buddy 1 _____ Buddy 2 _____

LAMAR LITTLE LEAGUE, INC.
APPLICATION TO PLAY LITTLE LEAGUE BASEBALL

MEDICAL INFORMATION/CONSENT TO TREAT

Family Physician: _____ Phone No. _____

Any allergies or medical restrictions? _____

In case of an emergency, and a parent/guardian cannot be reached, please provide an alternate contact person:

Name _____ Phone No. () _____ Relation _____

I/We, the parents/guardians 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, including transportation to and from the activities.

I/We know that participation in baseball and softball may result in serious injuries and protective equipment does not prevent all injuries to players, and 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 any 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 do hereby authorize any person in a responsible position within the Little League@ program, in the event of any emergency, to authorize emergency medical treatment for my/our child named herein. I/We agree to hold harmless such persons and such emergency care centers (hospital, doctors, nurses, providing such emergency care) for such act and to assume financial responsibility for said treatment.

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

Signature(s): Father _____ Date _____

Mother _____ Date _____

WILL YOU SPONSOR A CHILD WHO IS UNABLE TO PAY THE PARTICIPATION FEE? YES _____ NO _____

INFORMATION PERTAINING TO YOUR TELEPHONE NUMBER(S) IN THE LEAGUE DIRECTORY

EACH SPRING, LAMAR LITTLE LEAGUE PUBLISHES A DIRECTORY FOR THE SOLE USE OF ITS MEMBERS. THIS DIRECTORY IS DISTRIBUTED ONLY TO LEAGUE MEMBERS. IN ACCORDANCE WITH LITTLE LEAGUE RULES, IT IS NOT DISTRIBUTED TO PERSONS OR ORGANIZATIONS NOT AFFILIATED WITH THE LEAGUE.

IF YOU DO NOT WANT YOUR PHONE NUMBER(S) TO BE LISTED IN THE LEAGUE DIRECTORY FOR THE CURRENT SPRING SEASON, PLEASE CHECK THE BOX AND INITIAL BELOW.

_____ I do not want my (our) phone numbers listed in the league directory for the current spring season.

Lamar Little League, Inc. is one of the largest and most successful little leagues in the world! We have achieved this by being a 100% volunteer organization. We cannot provide a quality program for the children without the help of volunteers. Please do not leave registration without signing up at the Volunteer Table to assist the league in some way. THANKS!