

**LAMAR LITTLE LEAGUE, INC.**  
**2010 SPRING SEASON**  
**APPLICATION TO PLAY LITTLE LEAGUE BASEBALL**

Check here if this child played in Lamar's 2009 fall or 2009 spring program.

*FOR LEAGUE USE ONLY*

Scholarship   T-Ball   Machine A   Machine AA  
 Machine AAA   Minors   Varsity   Majors   Juniors

Team \_\_\_\_\_ Birth Certificate verified \_\_\_\_\_ L.L. Age \_\_\_\_\_ Sex \_\_\_\_\_

Participation Fee \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_ Receipt # \_\_\_\_\_

REGISTRATION TABLE NO.

1	2	3	4	5	6	7	8
Start Here							

PLEASE PRINT CLEARLY

Birth Certificate Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_  
LAST                      FIRST                      MIDDLE

Nickname or Name Goes By \_\_\_\_\_ Subdivision \_\_\_\_\_

Street Address \_\_\_\_\_ First year in this League? \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Number of years in League \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
MONTH                      DAY                      YEAR

Father's Name \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Father's Cell Phone: ( ) \_\_\_\_\_ Father's Fax: ( ) \_\_\_\_\_

Will you help? ... your child's team? \_\_\_\_\_ the League? \_\_\_\_\_ Umpire? \_\_\_\_\_ Occupation \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Mothers Cell Phone: ( ) \_\_\_\_\_ Mother's Fax: ( ) \_\_\_\_\_

Will you help? ... your child's team? \_\_\_\_\_ The League? \_\_\_\_\_ Team Mom? \_\_\_\_\_ Occupation \_\_\_\_\_

Player's Shirt Size \_\_\_\_\_ Pant Size \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

If this child played Little League last year, please provide the following:

Name of League \_\_\_\_\_ Division \_\_\_\_\_ Team \_\_\_\_\_

Positions Played \_\_\_\_\_

Brothers or Sisters Playing? If yes, give information regarding ages and teams: \_\_\_\_\_

Any comments regarding your child: \_\_\_\_\_

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**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!**