

PLAYER REGISTRATION FORM – FALL 2004

Registration fee: **\$110.00** (Includes personalized uniform and hat, insurance and team equipment.)

Make checks payable to: **Windermere L.L.**

Deadline for registration: **August 21, 2004** (Registrations received late will be wait-listed for future openings.)

Visit our website at **www.windermere.org** for league info, updates, schedules, and more!

Player's Name: _____ M or F D.O.B. ____/____/____

Address: _____ City _____ Zip _____

Phone _____ Alternate (work) _____ (cell) _____

E-Mail _____ Emergency Contact _____ Phone _____

Father's name _____ Employer/occupation _____

Mother's name _____ Employer/occupation _____

Did this player play baseball/softball before? Yes at WLL Yes, other than WLL No

Has this player ever played in organized sports before? Yes No

Will this player participate in other sports during the season? Yes No

Does the player have any physical limitations or restrictions? Yes No

If Yes, what are they? _____ Medical Insurance Co. _____

Will you or your employer consider being a sponsor of Windermere Little League?

If so, please list a contact with phone # _____.

*There are a number of volunteer opportunities in our Little League. As a parent/guardian of a Little League player, **you are required to attend a volunteer umpire clinic and volunteer AT LEAST 4 HOURS of your time: 2 hours of concession stand duty and 2 hours of umpire duty.** Sign up sheets will be provided by team moms after team practices have begun.*

Please indicate on the attached VOLUNTEER REGISTRATION FORM which activities you would like to participate in this season.

1. I/We the parent(s) of _____ hereby give my/our permission for him/her to participate in any and all Little League activities.
2. I/We know that participation in Little League sports may result in serious injuries, and protective equipment does not prevent all injuries. I/We hereby waive, release, absolve, indemnify and agree to hold harmless Windermere Little League, Little League, Inc., the organizers, sponsors, participants, and coaches from any claim arising out of an injury to my/our child.
3. I/We agree to provide proof of legal residence (as defined by Little League Baseball, Inc.) And age. I/We understand that our child must be eligible under the residence and age regulations of Little League to participate in this local League, and if any controversy arises regarding residence and/or age, the decision of the Charter Committee in Williamsport shall be final and binding. I/We further understand that if any participant does not qualify for participation based on residence and/or age, such participant and/or team on which he/she is playing may be found ineligible and forfeit or suspension of tournament privileges may be decreed by the action of the Charter Committee or Tournament Committee.
4. I/We will furnish a copy of my/our child's certified birth certificate to League Officials
5. I/We agree to abide by the rules listed in WLL's Player/Parent Information Guide.
6. I/We agree to attend a volunteer umpire clinic.
7. I/We agree to work in the concession stand for two (2) hours.
8. I/We agree to umpire games for two (2) hours.
9. I/We verify that the above information is correct.

Parent signature: _____ Date _____

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WLL USE ONLY

Amt. due for this player: _____ **Total due from family:** _____ **Amount paid:** _____

Check # _____ **Cash** _____ **WLL initials:** _____

Special Comments:

VOLUNTEER REGISTRATION FORM – FALL 2004

Your name: _____ Phone # _____

Email address: _____

Child's name: _____ Division: _____

Child's name: _____ Division: _____

Child's name: _____ Division: _____

VOLUNTEER OPPORTUNITIES: (mandatory background checks performed)

MANAGER Division ? _____ Driver's License# _____

COACH Division ? _____ Driver's License# _____

TEAM MOM _____

UMPIRE _____ Driver's License# _____

FIELD MAINTENANCE _____

FUNDRAISING _____

CONCESSIONS (in addition to required team duty)

Weekends? _____

Weekdays? _____

BOARD OF DIRECTORS _____