

2009 Application to Play Northern Little League

Baseball _____ Softball _____ Shirt size Youth _____ or Adult _____

Player Information (Please print)

Player's First Name _____ Last Name _____

Street Address _____ City _____ MI Zip _____

Home Phone _____ Date of Birth ____/____/____ League Age _____

Baseball, age as of 4/30/09
Softball, age as of 12/31/08

Player's School _____

Participation in Little League Baseball/Softball requires the ability to run, throw, swing a bat and catch a ball. Additionally, participation requires the capacity to understand the rules of the game. Does your child have any condition that limits his/her ability to participate in this activity? Yes _____ No _____

Parent or Guardian Information (Please print)

Father _____ Mother _____

Father contact phone # _____ Mother contact phone # _____

Family Hospitalization Plan _____ email address _____

I am interested in Coaching ____ Asst. coach ____ Age level? ____ I am interested in becoming a Board Member _____

I/We know that participation in baseball or 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 and its members of the Board, Little League Baseball Inc., and organizers, sponsors, participants, 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 agree to return upon request any equipment issued to my/our child in as good a condition as when received except for normal wear and tear. I/We will furnish a birth certificate of the above named candidate to league officials.

Parent's or Guardian's Signature(s) _____