

APPLICATION TO PLAY MANCHESTER LITTLE LEAGUE

2017 Fall Ball

Signup Fee: \$40 for all players

_____ Baseball

Circle One:

New

Returning

_____ Softball

	Spring	Fall
Level:	_____	_____
Team:	_____	_____

Player Name: _____

DOB: _____

Address: _____

Sex: *male* *female*

Email: _____

School: _____

Insurance Plan: _____

**Physical conditions
or allergies we
should be aware of**

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Teammate request (not gauranteed)

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Coach request (not gauranteed)

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Special Requests/Comments

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Interested in Volunteering?

(please circle one)

Coaching

Umpiring

I/WE, the parents of the above named candidate for a position on a Little League team, hereby give my/our approval to participate in any an all Little League activities, including transportation to and from the activities.
I/WE know that participation in baseball or softball may result in serious injuries an protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify and agree to hold the local Little League, Little League Baseball Incorporated, the organizers, sponsors, supervisors, participants, and persons transporting my/our child to and from activities from 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 the uniform and other equipment issued to my/our child in as good condition as when received except for normal wear and tear.

Parent or Gaurdian Signature: _____