



2024 Baseball & Softball District Select Travel Application Form

IMPORTANT NOTE: Submission of this form does NOT guarantee a spot on a team!

Player and Parent/Guardian Information

Applicant's Name: _____

League Age: **14 13 12 11 10 9 8 7** (circle one) Date of Birth: _____ / _____ / _____

Home Address: _____

Phone Number: _____ Email: _____

Spring 2024 Team/Division/Manager: _____ / _____ / _____

Primary Positions Played: _____

Jersey Size _____ Jersey Number (if you make team – please list top 3 number choices): _____ / _____ / _____

Please list ALL dates the applicant is NOT available and any vacation plans, camp activities, swim meets, travel baseball practices or tournaments or other activities in which he or she participates from May 15th through July 31 that would be prioritized over baseball. It helps in forming teams to know that a child may miss the majority of the time at a summer camp, for example, and is fair to the child who will be in town the whole time if team numbers are an issue: _____

NWFALL Boundary Verification:

How are you qualified w/in NWFALL Playing Boundary. (Check One) a Copy of Proof of residency, School or waiver must be included with this application.

Home Address

School

Completed Waiver approved by NC District 2. (Provide Copy)

Birth Certificate

I have included a copy of the Birth Certificate to verify that Date of Birth listed above to be accurate and truthful.

Registration Fee

I am aware and agree that if selected, we will need to pay NWFALL a registration fee of \$75



SEE Page 2 for Commitment and Requirements agreement.

Requirements

Parent/Guardian: Please read and initial items 1-12 below and provide your signature.

1. I/We the parent(s) or guardian(s) of the above named applicant for a possible position on the Northwest Forsyth American Little League (NWFALL) baseball/softball District Travel team, I hereby give my/our permission for his/her possible participation on the District Travel Team. I/We assume all risks and hazards incidental to such participation including transportation to and from activities. I/We hereby waive, release, absolve indemnify and agree to hold harmless the NWFALL, the organizers, supervisors, participants, and persons transporting my/our applicant to and from activities for any claim arising out of any injury to my/our applicant. _____
2. I/We certify that the above named applicant has no physical or other ailment or conditions that indicate my/our applicant should not participate as a full time participant on the NWFALL District Travel Team. _____
3. I/We understand and agree that the NWFALL reserves the right to require a physical examination by a licensed physician certifying that the above named applicant is physically able to participate before becoming active on the NWFALL District Travel Team. _____
4. I/We understand and agree to return, after the season all equipment issued to my/our applicant in as good condition as when received, except for normal wear and tear. _____
5. I/We understand that the rules of play and playing time are different (and in some divisions NOT guaranteed) from those established during the regular season of play. _____
6. I/We will furnish a copy of Birth Certificate & school enrollment form for the above named applicant. _____
7. I/We understand the TIME COMMITMENT involved, which could involve daily and/or nightly practices and the travel necessary for games. _____
8. I/We understand that the above named applicant MUST reside within the Northwest Forsyth American Little League boundaries or must qualify under Regulation IId or IVh of Little League Baseball, Inc. to be eligible to play. _____
9. I/We understand that the above named applicant is expected to attend ALL practices and games unless excused by the Team Manager. _____
10. I/We understand that participation on NWFALL District Travel Team may involve additional expenses. _____
11. I/We understand that there is a cost for participation in NWFALL District Travel Team. The cost will not exceed \$75. _____
12. I/We understand that ALL parent(s) whose children are selected to a NWFALL District Travel team will be expected to volunteer if NWFALL is selected to host an District Travel Team tournament. _____

Mother or Female Guardian's Signature:

Father or Male Guardian's Signature:

Work/Cell Phone: _____

Work/Cell Phone: _____

Email: _____

Email: _____

Return completed Application, Copy of Birth Certificate and Proof of Residency by Friday April 19th, 2024 and submit to playeragent@nwfall.org