

Sabino Canyon Little League
2010 Spring Registration

Players Name _____ Date of Birth _____

857 \$80 8 & under \$110 9 & Up.

Address (lives with Father Mother Both) Change of Address _____ Zip _____

Mother or Legal Guardian _____ Home Phone _____ Cell Phone _____ Work Phone _____

Father or Legal Guardian _____ Home Phone _____ Cell Phone _____ Work Phone _____

Email Address Mother or Guardian _____

Email Address Father or Guardian _____

Height: _____ Weight: _____ Years of Exp. _____
 Neighborhood School: _____
 School Attends: _____
Siblings playing in the league:
 Name: _____ Age: _____
 Name: _____ Age: _____
 Name: _____ Age: _____

DO NOT WRITE IN THIS SPACE-FOR LEAGUE USE ONLY

Little League Age: _____ Division Assigned: _____
 Birth Certificate: On File
 Copy made from original
 Will receive later
 Received Copy/need to check original
 Boundary Check: Yes, player lives within league
 Address change
 Waiver needed
 Proof of residence needed

Child's Physician: _____ Phone #: _____ Designated Hospital for treatment: _____
 Insurance Co. _____ Policy # _____
Any special medications or pertinent medical information and/or allergies to drugs or foods:

Emergency Treatment Release ● This information will be used only if the parent can't be present at a hospital emergency room when your child is in need of treatment. Every reasonable attempt will be made to contact parents or guardians, before proceeding to the emergency room.

I/We the undersigned parent, parents, or legal guardian do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis rendered under the general supervision of any licensed member of the medical staff and emergency room staff, or dentist licensed and on the staff of any acute general hospital holding current license to operate a hospital from the State of Arizona Dept. of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power to render care which the aforementioned physician in exercise of his or her best judgment may deem advisable. It is understood that every effort will be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. This consent shall remain effective until the end of the current season.

Little League Waiver ● Participation in Little league Baseball 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 the player have any current condition that limits his or her ability to participate in these types of activities?
 Yes No If yes, please explain and identify any modification that would enable your child to participate:

Little League Baseball does not limit participation in its activities on the basis of disability

- I/We, the parents/guardians of the above named player, hereby give my/our approval to participate in any and all Little League activities.
- I/We, know that participation in baseball 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 International, the organizers, sponsors, supervisors, participants, and persons transporting the player to/from activities for any claim arising out of any injury to the player 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 our player in as good a condition as received except for normal wear and tear.
- I/We will furnish to the league a certified birth certificate plus proof of residency within the leagues boundaries for the above player.

Snack Bar Volunteering The league will be collecting a \$75 deposit (\$150 max) from each player (check will not be deposited). Once you have fulfilled your snack bar obligation your deposit will be returned to you. If you are unable to meet your obligation in the snack bar, SCLL will deposit the check.

_____ I/We pledge to volunteer 4.5 hours per player (maximum of 9 hours) in the Snack Bar and here is my \$75 deposit check per player (\$150 max).
 _____ I/We cannot volunteer and we agree to pay a \$50.00 per player (maximum of \$100.00) non-participation fee at the time of registration.

Photograph Release

I/We give permission to allow Sabino Canyon Little League to display a photograph(s) of the player (with no names) on the league's website.

_____ I/We have read all of the above information and by signing below agree to all of the above.



Parent or Legal Guardian Signature _____ Date _____

Date _____	Amount paid _____	Check# _____	Cash _____	Received by _____
Registration Fee _____	Snack Bar Deposit _____	Snack Bar Fee _____	Member Dues _____	Sponsor _____
<i>A late fee of \$10.00 per month will be added after January 31st</i>			<i>Refunds will not be issued after February 28th</i>	