

APPLICATION TO PLAY IN SUNNYVALE SOUTHERN LITTLE LEAGUE (SSLL) – page 1 of 2
Little League Baseball, Inc., California District 44 – 2010 Season

Player's Name: _____ Boy- Girl- Date Of Birth: _____
First MI Last

Player's Address: _____
Street Address City State Zip Code

School: _____ Jersey/Shirt Size: _____ Grade: _____

Father/Guardian

Mother/Guardian

Name: _____
 Work Phone: _____
 Home Phone: _____
 Cell Phone: _____
 Email: _____

Last Year's Participation: _____ Returning player - League Name(if other than SSLL): _____
 Division: _____ Team: _____

Registration fee and division

- | | | | |
|--------------------------------|-----------------------|----------------|-----------------------------------------------------------------|
| <input type="checkbox"/> \$80 | T-ball division | (ages 5 – 7) | (Fee includes \$10 Snack Shack tickets) |
| <input type="checkbox"/> \$100 | Pioneer division | (ages 6 – 8) | (Fee includes \$12 Snack Shack tickets) |
| <input type="checkbox"/> \$135 | Farm division | (ages 7 – 9) | (Fee includes \$20 Snack Shack tickets) |
| <input type="checkbox"/> \$160 | Minor, Major division | (ages 9 – 12). | (Fee includes \$20 Snack Shack tickets) |
| <input type="checkbox"/> \$200 | Junior division | (ages 13 – 14) | (Fee includes \$20 Snack Shack tickets and \$40 jersey deposit) |
| <input type="checkbox"/> \$200 | Senior division | (ages 15 – 16) | (Fee includes \$40 jersey deposit) |

For Little League purposes age is as of April 30, 2010. Registration fee is dependent on the level of play.

PLEASE NOTE: All 12 year olds will be drafted into Majors unless a waiver is completed by the parents.

All Farm, Minor and Major candidates MUST attend at least one evaluation day. (Feb. 7th or Feb.13th at Sunnyvale Middle)

Early Registration, and Multiple Player discounts

A discount of \$10 will be offered to any player whose application is postmarked or received on or before 1/9/2010

A discount of \$10 per player will be offered to a family of 2 or more.

Volunteer Information

Please check here if you are willing to work EXTRA snack shack shifts.

I am willing to participate as: (TRAINING IS PROVIDED FOR MANAGERS and COACHES!)

- | | |
|---------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Manager | <input type="checkbox"/> Field Day/BBQ Help |
| <input type="checkbox"/> Assistant Coach | <input type="checkbox"/> Board of Directors |
| <input type="checkbox"/> Team Administrator | <input type="checkbox"/> Yearbook |
| <input type="checkbox"/> Umpire | <input type="checkbox"/> Sponsor |
| | <input type="checkbox"/> Other _____ |

Mail signed application with check to: SSLL PO Box 2054 Sunnyvale, CA 94087

LEAGUE USE ONLY (check both sides of application)

League Fees received: \$ _____ (include early bird and family discounts here if applicable)
 Optional Snack Shack Buy-out \$ \$100.00
 Optional League Donation \$ _____
 Total Amount received: \$ _____
 Cash / Check # _____

Birth Certificate verified?- Residency verified? PG&E- Phone Bill- Other-: _____

League Representative: _____ Date: _____

APPLICATION TO PLAY IN SUNNYVALE SOUTHERN LITTLE LEAGUE (SLL) – page 1 of 2
Little League Baseball, Inc., California District 44 – 2010 Season

MEDICAL RELEASE WAIVER: 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 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. **_WARNING:** Protective equipment cannot prevent all injuries a player might receive while participating in Baseball. _____ **(initial)**

EVALUATIONS FOR FARM, MINORS, MAJORS, JUNIORS, SENIORS: I/We agree that our child (candidate) may be required to try out for a team. If such does not attend at least 50 percent of the tryouts, local Board-of-Directors' approval is required for such candidate to be placed on a team. _____ **(initial)**

SELECTION TO MAJORS TEAM: I/We agree that our child (candidate) may be chosen at any time to play on a Major Division team, if he or she is of the correct age for such division as determined by the local league and Little League Baseball. Declining to move up to such Major Division team will result in forfeiture of eligibility for the Major Division for the current season, and may be subject to further restrictions by the local league. _____ **(initial)**

PROOF OF AGE AND RESIDENCY REQUIREMENTS: I/We agree to provide proof of legal residence (as defined by Little League Baseball, Incorporated) and age. I/We understand that our child (candidate) must be eligible under the residence and age regulations of Little League Baseball, Incorporated, to participate in this Local League, and that 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 on a Little League Team does not qualify for participation in the league based on residence (as defined by Little League Baseball, Incorporated) and/or age, such participant and/or team on which he/she participates be found ineligible, and forfeit(s) and/or suspension of Tournament privileges may be decreed by action of the Charter Committee or Tournament Committee. _____ **(initial)**

BIRTH CERTIFICATE REQUIREMENT: I/We will furnish a certified birth certificate of the above-named candidate to League Officials. _____ **(initial)**

SNACK SHACK VOLUNTEER EXPECTATIONS: I will work two (2) snack shack shifts during the regular season for each child I have in the League plus one (1) additional shift if my child is selected for post-season play. I understand that if I volunteer to umpire at least three games, I do not have any snack shack obligations for the season, or I may "buy-out" my regular season duty for \$100 per player. _____ **(initial)**

PLAYER INJURY REPORTING: • I will be responsible for reporting ALL of the above player's Little League related injuries to the League President in writing as soon as an injury occurs.
• I understand that Little League Baseball, Inc. carries a secondary insurance policy that will only be used when the limits of my insurance policy have been exhausted. _____ **(initial)**

UNIFORM RETURN: I/We agree to return upon request the uniform and other equipment issued to my/our child in as good conditions as when received except normal wear and tear. _____ **(initial)**

COMPLAINT PROCESS: I understand that the local league is franchised by Little League Baseball, Inc. which is the governing body for this program. By approving their franchise, Little League Baseball, Inc. has set guidelines by which this league must operate. Should I have any grievance with the local league, I will state my grievance in writing and present it to the League President for evaluation. If I am not satisfied with the evaluation, I will agree to present the same document to the District 44 Administrator who will contact Little League headquarters for final clarification. _____ **(initial)**

LITTLE LEAGUE PLAYER REGISTRATION WAIVER: I/We, the parents/guardians of the above-named candidate for a position on a Little League team, hereby give my/our approval to participate in any and all Little League activities, including transportation to and from the activities. Little League does not limit participation in its activities on the basis of disability, race, color, creed, national origin, gender, sexual preference or religious preference. _____ **(initial)**

PARENTS' CODE OF ETHICS: _____ **(initial)**

- I will place the emotional and physical well being of all the children ahead of my personal desire to win.
- I will remember that the game is for the children and not for myself.
- I will do my part to create a safe atmosphere around the kids as they enjoy their youth and their sport.

SPECIAL REQUESTS: (We will do our best to honor requests for team placement for T-ball and Pioneer, but there is NO GUARANTEE.)

Medical Release / Parent Authorization
For emergency use, if family physician cannot be reached

I authorize _____ (Child's full name) to be treated by an available physician.

Name of family physician: _____ Phone: _____

Date of last Tetanus Toxoid Booster: _____

Insurance Carrier: _____ Insurance Policy Number: _____

Please list any know medical problems, allergic drug reactions, etc.: _____

Signature/Date of Parent or Legal Guardian: _____ **Date:** _____

Relationship to Player:

Father-

Mother-

Legal Guardian-