



SIGN-UP for Fall Ball!

Mountain View Little League

Fall Baseball Program



What is MVLL Fall Ball?

Little League is a heritage baseball program located in Mountain View. 2009 is our 52nd season serving the children of Mountain View. Our Fall program develops baseball skills while giving players a fun and supportive place to play. The program is instructional and informal. The focus is on building skills and not on winning games. Games are played in Mountain View and nearby communities. This program is aimed at players, ages 8 to 11, who played in the Minors or Majors divisions this year or will be entering Minors next year.

MVLL's Fall baseball program starts in late August and runs through early November. The games are on Sundays, with one or two practices during the week.

What is the cost?

The cost of the program is \$75 for players who were in our 2009 Spring program. Players who were not in the Spring program pay \$100 and will receive a \$25 credit towards registration for the MVLL 2010 Spring program.

How do I register?

The registration form is on the back of this flyer. Mail the completed form, along with payment (check, no cash) to:

MVLL Fall Ball
P.O. Box 614
Mountain View, CA 94042

The deadline for registration is August 10.

Visit us on the web: www.mvll.org
Questions? Need additional information?
Please leave voicemail at 650-961-2065



Mountain View Little League 2009 Fall Ball Registration

Player: _____ Phone: _____

Last Name
First Name
Middle

Address: _____

Player Birth date: _____ Player Sex: M F School: _____

Email: _____

Father: _____ () _____ () _____

Last Name
First
Home Phone
Work/Other Phone

Email: _____

Mother: _____ () _____ () _____

Last Name
First
Home Phone
Work/Other Phone

Played in MVLL: Yes No Team player last played on: _____

Shirt Size: YS YM YL YXL AS AM AL AXL Division: _____

I, the parent or legal guardian of the named player on this application as a candidate for a position on a Fall Ball Little League team, hereby give my permission to participate in any and all Fall Ball Little League activities. I assume all risks and hazards incidental to such participation including transportation to and from the activities, and I do hereby waive, release, absolve, indemnify and agree to hold harmless the local Mountain View Little League – ID 405-44-23, Little League Baseball Inc. the organizers, sponsors, supervisors, participants and persons transporting my child to and from activities, for any claim arising out of an injury to the player, whether the result of negligence or for any other cause except to the extent and in the amount covered by the accident or liability insurance. My signature on this form authorizes permission, Medical release, and that the answers on this application are true and correct.

Medical Release/Parent Authorization

In case of emergency, if family physician cannot be reached, I authorize _____
to receive treatment from another available physician. Name of Player

Physician's Name: _____ Phone: _____

List known Medical conditions, Allergies, Allergic Drug Reactions and other important medical information:

Corrective Eyewear – Please circle one: Wears Glasses Wears Contact Lenses Wears Neither

Parent or Legal Guardian: _____
Print Name

Parent or Legal Guardian: _____ Date: _____
Signature

Mail Completed Form to:
MVLL
PO Box 614
Mountain View CA 94042

Fees (Played 2009 in MVLL) \$75
Fees (All Others) \$100
Check Payable to MVLL

League Use Only

League age: _____ Payment: _____

Assigned Team: _____ Division: _____