

WHITEMARSH LITTLE LEAGUE BASEBALL 2008 REGISTRATION

DIVISION	AGES	REGISTRATION	DIVISION	AGES	REGISTRATION
T-BALL	5-6	\$85	MAJORS	11-12	\$95
INSTRUCTIONAL	7	\$95	JUNIOR	13-14	\$100
A - ADVANCED INST	8	\$95	SENIOR	15-16	\$100
AA	9-10	\$95	CHALLENGER	5-18	FREE
AAA	10-11	\$95	> MAXIMUM FAMILY REGISTRATION FEE		\$170

- ◆ **ALL AGES ARE AS OF APRIL 30, 2008.**
- ◆ **12 YEAR OLDS (BORN BETWEEN MAY 01, 1995 AND JULY 31, 1995) MAY ELECT TO PLAY IN THE JUNIOR LEAGUE IF SELECTED IN THE JUNIOR LEAGUE DRAFT. ONCE SELECTED, THOSE PLAYERS ARE THEN "JUNIORS" FOR REGULAR SEASON, POST SEASON AND TOURNAMENT SEASON PLAY.**
- ◆ **REFUNDS - NO REGISTRATION REFUNDS ISSUED AFTER MARCH 15, 2008, UNLESS A CHILD IS INJURED BEFORE THE SEASON STARTS WHICH PREVENTS THEM FROM PARTICIPATING ALL SEASON.**
- ◆ **ALL PROGRAMS START IN EARLY APRIL AND FINISH BY THE END OF JUNE.**
- ◆ **PLAYERS WILL BE NOTIFIED BY THEIR TEAM MANAGER, IN LATE MARCH, AS TO WHEN PRACTICES WILL BEGIN.**
- ◆ **ALL FIRST TIME REGISTRANTS MUST SHOW PROOF OF AGE AND PROOF OF RESIDENCE. A COPY OF YOUR CHILD'S BIRTH CERTIFICATE IS REQUIRED, IF NEW TO THE LEAGUE.**
- ◆ **ALL PLAYERS WILL PLAY AT THE LEAGUE AGE LEVEL THAT THEIR LEAGUE AGE DICTATES.**
- ◆ **CHALLENGER DIVISION IS FULLY SPONSORED BY WHITEMARSH LITTLE LEAGUE INDEPENDENT FUNDRAISING.**
- ◆ **BE SURE TO INCLUDE YOUR PHONE NUMBER AND EMAIL ADDRESS SO THAT WE CAN REACH YOU.**
- ◆ **CONTACT WHITEMARSH LITTLE LEAGUE AT: 610-941-0170 OR WWW.ETEAMZ.COM/WLLB/**

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APPLICATION TO PLAY BASEBALL

FOR LOCAL LEAGUE USE ONLY (Please Print)

League I.D. No.

LEAGUE USE ONLY

WHITEMARSH LITTLE LEAGUE 2008 SPRING SEASON

2382224

_____ Check #
 _____ Check Amount
 _____ Cash Amount _____ Birth Certificate #

_____ Born _____/_____/_____
Player's Name
Month Day Year
League Age

Street Address
City
Zip

_____ **Phone Number** _____ **Email Address**

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 your child have any current condition that limits his/her ability to participate in this activity? **Yes** **No**

If "yes", please explain and identify any modification that would enable your child to participate: _____

Please provide information about allergies or medical conditions that the team should have in case of emergency: _____

I/We, the parent(s) 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.

I/We know that participation in baseball or softball 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, Inc., the organizers, sponsors, participants and persons transporting my/our child to and from activities for 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 a condition as when received except for normal wear and tear.

I/We will furnish a certified birth certificate of the above named candidate to League Officials.

Parent(s) or Guardian Signature(s): _____

Name of Family Hospitalization Plan: _____ School _____

Parent's Occupation: _____ President's Signature _____