



Bossier Little League

Bossier City • Louisiana • (318) 741-8367

Register On-Line at www.bossierlittleleague.org

Walk up Registration on August 15, from 10am till 2 pm.

FOR LEAGUE USE ONLY

Charter

Division

Proof of Age

League Age

Player Registration Form - Fall 2009 Season

Player Information

Parent/Guardian Information

First Name _____ Last Name _____

Mother's (or Legal Guardian's) Name _____ Cell Phone _____

Home Street Address _____ ZIP _____

Mother's (or Legal Guardian's) Email Address _____

Birthdate _____ Phone Number _____
 Girl Boy

Father's (or Legal Guardian's) Name _____ Cell Phone _____

Has this child ever played Baseball or Softball with Bossier Little League in the past? Yes No

Father's (or Legal Guardian's) Email Address _____

What Bossier Parish School district does this player RESIDE in? _____

Player lives with: Both Parents Mother Father Guardian

Divisions & Fees

- T-Ball
- Baseball
- Softball

- 5-6 Year Old T-Ball - \$30.00
- 7-8 Machine Pitch - \$40.00
- 9-10 Minors - \$40.00
- 10-11 AAA Baseball - \$40.00
- 11-12 Majors - \$40.00
- 13-14 Juniors - \$40.00
- 15-16 Seniors - \$40.00

No Fee for Challenger Division! Multiple Child Discount - \$10.00 off each additional child. (A \$25.00 fee will be assessed for all returned checks.)

T-Ball Only:
Desired Coach/Teammate: _____
Every attempt will be made to honor requests for T-Ball team placements - but please understand if we can't!

Number of Teams & Team Sizes

To ensure the maximum fun & participation, team sizes will be limited to 12 per team (10 for T-Ball).

Also, for scheduling purposes, a limit of four (4) teams in each division will be formed.

Register on-line now to ensure your spot in the fall league!

Player's Age is age as of April 30, 2010 for T-Ball & baseball and as of December 31, 2009 for softball.

Please present this Application, in person, along with:

1. A Birth Certificate (Original or State Certified Copy), or a Military I.D.
2. Three different proofs of Residency (Driver's License, Voter Registration Card, Utility Bill, Homeowner or Tenant Records, Tax Records.)
3. Form must be **handed in** (not mailed) by **parent** or **legal guardian** at the league office at Swan Lake Ball fields on August 15, from 10 am - 2 pm.
4. **Check or money order made payable to Bossier Little League.**

Please read the following, sign and date.

I, the parent or guardian of the candidate for a position on a Little League team, hereby give my approval to participate in any and all Little League activities, including transportation to and from the activities. I know that participation in baseball or softball may result in serious injury 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, supervisors, participants and persons transporting my child to and from activities for any claim arising out of any injury to my 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 will furnish a copy of a certified birth certificate of the above named player to the league officials.

I understand that Bossier Little League will furnish my child a team hat and jersey/t-shirt and that I must furnish any other part of the team's uniform required by the team's manager. I understand that this form will not be processed and that my child will not be protected by a coach, drafted by a team or placed on a team without the Sign-Up Fee being paid and/or without a copy of my child's birth certificate. **I also understand that after the draft NO REFUNDS will be given.**

I understand as a spectator or participant of Little League activities, **I will abide by the Bossier Little League Code of Conduct and Ground Rules.** I will behave in a civil manner and that Bossier Little League has the right to have me removed from Bossier Little League controlled property in the event of unsportsmanlike, unruly or threatening behavior on my part.

Medical Consent: I, the parent or legal guardian give my consent to the manager, coach or league representative to request and authorize emergency medical treatment for my child while participating in or traveling to/from a league activity. I assume responsibility for all expenses incurred in the treatment of my child.

Parent/Legal Guardian Signature: _____ Date: _____

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Paid By: Check # _____ Amt: _____ Credit Card Amt: _____ Receipt # _____
 M.O. # _____ Amt: _____ Cash Amt: _____ Date Received: _____

Is payment to be split with another registration? If so, other child's name _____



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