

HAVERTHILL LITTLE LEAGUE BASEBALL

2009 REGISTRATION FORM

The Haverhill Little League Baseball Program is Haverhill's only chartered Little League Program, giving players a chance to compete in the Little League World Series in Williamsport, PA.

The objective of Haverhill Little League is to implant firmly in the children of our community the ideals of good sportsmanship, honesty, loyalty, courage, and respect for authority. To achieve this objective, Haverhill Little League will provide a supervised program of competitive baseball games under the rules and policies established by Little League Baseball, Incorporated.

A Chartered Member of Little League Baseball Incorporated

Complete the form below and mail it with your registration fee to:
Greg Manning, c/o Haverhill Little League, 101 S Riverview St, Haverhill, MA 01835
(make checks payable to Haverhill Little League)

QUESTIONS: Call **HLL Hotline** 978-373-4755

Registration at the **HAVERTHILL PUBLIC LIBRARY**

Saturdays from 10am to 1pm; December 6th, January 10th, 24th, 31st, February 21st

REGISTER ONLINE at www.HaverhillLittleLeague.com

PARENTAL SUPPORT: we ask for participation from all parents in our program. Check the area(s) in which you would be willing to help:

- Coach Asst. Coach Team sponsor Board Member

Applicant will NOT be allowed to participate until the registration fee is paid.

- | | | | |
|--------------------------------------|------------------|----------|---|
| <input type="checkbox"/> Single A | (5-6 YRS) | \$30.00 | |
| <input type="checkbox"/> Double A | (7-8 YRS) | \$45.00 | |
| <input type="checkbox"/> Triple A | (9-12 YRS) | \$65.00 | (Placement not guaranteed after 4/1/2009) |
| <input type="checkbox"/> Majors | (9-12 YRS) | \$65.00 | |
| <input type="checkbox"/> Family Plan | (Max per family) | \$120.00 | |

*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. I/We know that participation in baseball 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, Incorporated, the organizers, sponsors, supervisors, participants and person transporting my/our child to and from activities for any claim arising out of injury to my/our child whether the result of negligence or any other cause.

I authorize Haverhill Little League to seek any necessary medical attention if I am not available for my child.

List any medical problem or prohibition player has _____

Parent Signature _____ Date _____

Applicant: _____ Telephone: _____ Sex: _____

Address: _____ City: _____ State: _____ Zip: _____

E-MAIL: _____ D.O.B: _____ League age as of April 30, 2009: _____

- NEW PLAYER RETURNING PLAYER (PREVIOUS TEAM) _____