

HAVERHILL LITTLE LEAGUE BASEBALL

2011 REGISTRATION FORM

A Chartered Member of Little League Baseball Incorporated

Complete the form below and mail it with your registration fee to:
Haverhill Little League, PO Box 5387, Bradford, MA 01835
(make checks payable to Haverhill Little League)

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

Registration at the HAVERHILL PUBLIC LIBRARY

Check the *Eagle-Tribune*, *Haverhill Gazette* and HaverhillLittleLeague.com for dates/times.

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) | \$50.00 |
| <input type="checkbox"/> Triple A | (9-12 YRS) | \$75.00 |
| <input type="checkbox"/> Majors | (9-12 YRS) | \$75.00 |
| <input type="checkbox"/> Family Plan | (Max per family) | \$130.00 |

*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, 2011: _____

- NEW PLAYER RETURNING PLAYER (PREVIOUS TEAM) _____