

2010 Raccoon Valley Little League Baseball and Softball Player Registration Form

Player's Last Name: _____
 Player's First Name: _____
 Address: _____
 City: _____ Zip: _____
 Phone: _____

Sex: ____ Birth date: _____
 Current Grade: _____
 Current School: _____
 Previous Team: _____
 Previous Coach: _____

<u>League Use Only</u>	
League Age	_____
Out of Area	<input type="checkbox"/>

Request AAA Only (Baseball, Ages 10-12)

Father/Guardian: _____
 Home Phone (if different): _____
 Work Phone: _____
 Cell Phone: _____
 Email: _____
 Occupation: _____
 Emergency Contact: _____
 Phone: _____
 Relation: _____

Mother/Guardian: _____
 Home Phone (if different): _____
 Work Phone: _____
 Cell Phone: _____
 Email: _____
 Occupation: _____
 Doctor: _____
 Phone: _____

Notes (coach preference,
play with friends, etc.):

Medical Conditions:

I hereby consent for my child to participate in and abide by all of the rules of The Raccoon Valley Baseball and Softball League (RVLL). As parent or guardian of the above child, I acknowledge that there is risk of injury with all recreation, and in consideration of said child being allowed to participate in Raccoon Valley Baseball or Softball, I, for myself and my minor child, RELEASE AND FOREVER DISCHARGE RVLL and its agents, directors and employees, from any and all liabilities, claims, demands and actions of any and every nature whatsoever that I may have for any and all loss, damage, or injury arising from said child's participation in The Raccoon Valley Baseball or Softball League.

Parent/Guardian Signature

Date