

# KILLINGWORTH YOUTH LEAGUE

## APPLICATION TO PLAY LITTLE LEAGUE Fall Ball 2008

PLEASE PRINT – PRESS FIRMLY, FILL IN ALL BLANKS

Pant Size: \_\_\_\_\_

Shirt Size: \_\_\_\_\_

Payment Method: Cash  Check

League I.D. Number: \_\_\_\_\_

Player's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Male  Female;  Baseball  Softball; Previous Years of Experience: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parents Names: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

I/We, the parents 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, indemnity and agree to hold harmless the local Little League, Little League Baseball Incorporated, the organizers, sponsors, supervisors, participants and persons transporting my/our child to and from activities for any claim arising out of an 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: \_\_\_\_\_

Please indicate any physical limitations (allergies, hearing, sight, etc.): \_\_\_\_\_

Name of family hospitalization plan: \_\_\_\_\_ School: \_\_\_\_\_

Comments/Additional Information: \_\_\_\_\_

**Cost:** \$50.00/Player

**Requirements:** Birth certificate at the time of registration for all new applicants.

**Questions:** E-mail question to KYL at [info@kylbaseball.org](mailto:info@kylbaseball.org).

**Volunteering:** I am interested in being a  head coach  assistant coach; Name: \_\_\_\_\_

**Bring two copies of completed registration form to the Killingworth Fire Department on July 10, 2008 from 5 pm to 8 pm. Or, mail two copies of the registration form and payment (by August 1, 2008) to:**

**Killingworth Youth League  
P.O. Box 714  
Killingworth, CT 06419**

**Please make checks payable to KYL. Registration Deadline is August 1, 2008.**