

ROSEMONT LITTLE LEAGUE

2009 Player Registration Form

Player Registration Instructions:

1. Parent/Guardian complete all information and sign both front and back pages.
2. Attach Copy of certified birth certificate
3. Attach Copy of Recently Dated Utility Bill

Participants Information:	
Last Name: _____	First Name: _____
Address: _____	City: <u>Sacramento</u> Zip: _____
Home Phone: () _____	School: _____ Grade: _____
Age on April 30, 2009: _____	DOB: ____ / ____ / ____ Male Female
If played last year (2008), list division and team: _____ Jersey Size _____	
Sibling playing this year? _____ Sibling Option: Yes No	

Parent / Guardian Information:	
Parent/Guardian #1: Mother Father Guardian Other: _____ Name: _____ Address: _____ Home Phone: () _____ Work Phone: () _____ Cell Phone: () _____ E-mail: _____	Parent/Guardian #2: Mother Father Guardian Other: _____ Name: _____ Address: _____ Home Phone: () _____ Work Phone: () _____ Cell Phone: () _____ E-mail: _____

Medical Release and Treatment Authorization:	
In case of an emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel. (i.e.: EMT, First Responder, ER Physician)	
Emergency Contact: _____	Phone: _____
Participants Doctor: _____	Phone: _____
Address: _____	
Preferred Hospital: _____	
Any known Allergies? Yes No If Yes, What? _____	
Any known health condition? Yes No If Yes, What? _____	
Current Medication: _____	Dosage: _____

WARNING: Protective equipment cannot prevent all injuries a player might receive while playing baseball. I know and am aware that participation in baseball may result in serious injury and possibly death. In case of an emergency, if a family physician cannot be reached, I hereby authorize the child/participant listed above to be treated by another qualified licenses physician who is available.

Parent/Guardian Signature	Relationship to Child/Participant	Date
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League Use Only: Birth Certificate Copy Proof of Residence Copy Waiver (if applicable) Player Assistance	Registration: \$ _____ RLL Treat Card: \$ _____ Candy Opt-Out \$ _____ Other: \$ _____ Rec'd by: _____	Child ___ of ___ Payment Method: Cash Amount: _____ Check CK #: _____ Date: _____
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ROSEMONT LITTLE LEAGUE

P.O. Box 277203

(916) 362-9264

Sacramento, CA 95827

www.rosemontbaseball.com

Volunteers

The league needs your help. Please indicate what you would like to volunteer for.

- Manager (Head Coach) Coach Team Parent Scorekeeper Umpire
 Committee Board Member Snack Bar Field Preparation Crab Feed/Picnic Where Needed

Special skills that you would donate to the League if needed (Construction, Services, Donations):

Parent's Code of Ethics

- I will encourage good conduct and sportsmanship by demonstrating positive support and respect for all players, coaches and officials at every game.
- I will do my best to make youth baseball enjoyable for my child and remember that the program is intended for the children and not the parents or fans.
- I will place the emotional and physical well being of my child ahead of any personal desire to win.
- I understand that as a parent, it is my responsibility to see that my child attends practices as well as games.
- I realize that this organization is a non-profit organization and volunteers carry on the sports program. Therefore, I further agree to give support and assistance to the player's teammates and coaches as my time allows.

Player/Parent Contract and Notice

I, the parent/guardian of this registrant/player, a minor, believing this program to be beneficial to him/her, do hereby give my consent for him/her to be a member of the team to which he/she is assigned. Recognizing the possibility of physical injury associated with baseball and in consideration of Rosemont Little League accepting this registrant for its Little League program and activities, I hereby waive, release and discharge the Association, it's Officers, all persons acting as it's agents, any affiliated organizations, sponsors, their employees or associated personnel, and owners of the fields or facilities utilized for this program against any claims growing out of or resulting from injury to him/her as a result of this registrant's participation in this program and/or being transported to or from the same, which transportation I hereby authorize. **I also understand that a completed, signed contract and any appropriate fees must be received by RLL before he/she is eligible to play.** I accept that at all times, in gyms or on playing fields, players, spectators and coaches alike will encourage good sportsmanship and conduct themselves in an exemplary manner. I acknowledge that RLL does not require any sport in the association to carry liability and/or health insurance and that my child plays at his/her own risk. I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicines or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of the registrant.

RLL Refund Policy

A full refund, less posted office fees, will be given any time before teams are formed. *No refunds after teams are formed.* After the final posted day of registration (for T-ball and Farm Divisions) and after the first day of tryouts (for all other divisions), ALL registration forms will be marked late and team assignments made ONLY as space allows.

By signing below, I accept and agree to abide by all decisions as stated in the contract including the medical release and I understand the code of ethics expected from Parents, Guardians, and visitors that accompany me during any Little League events.

X

Signature of Parent/Guardians

Date

**Any checks returned for insufficient funds will be subject to a \$25 returned check fee and any costs incurred to recover the amount of the bounced check in addition to all other amounts entitled to therein in accordance with State Law.*