

2010
SOUTH AUSTIN OPTIMIST LITTLE LEAGUE
BASEBALL/SOFTBALL
REGISTRATION FORM
FOR LEAGUE USE ONLY

Birth Certificate Yes ___ No ___	Proof of Residency Yes ___ No ___	Waiver Needed Yes ___ No ___	Medical Release Yes ___ No ___	Gender Male ___ Female ___
Date Received	Received By	Registration Fee	Amount Paid	Cash ___ Check # ___
League Age	Tryout Number	Level Assigned	2008 Team Name	Reviewed By

REGISTRATION FEES DUE AT TIME OF REGISTRATION

PLEASE PRINT ALL INFORMATION

ze - (circle) YS YM YL AS AM AL AXL AXXI

PREFERRED FIRST NAME _____ **LAST NAME** _____

FULL NAME ON BIRTH CERTIFICATE _____

STREET ADDRESS _____ **ZIP** _____

HOME TELEPHONE NUMBER _____ **BIRTHDATE** _____

MOTHER'S FIRST NAME _____ **MOTHER'S WORK/CELL Nr** _____

MOTHER'S e-mail address _____

FATHER'S FIRST NAME _____ **FATHER'S WORK/CELL Nr** _____

FATHER'S e-mail address _____

MOTHER'S OCCUPATION _____ **FATHER'S OCCUPATION** _____

FAMILY INSURANCE _____ **POLICY NUMBER** _____

SCHOOL _____ **GRADE** _____

I/We, the parents of the above-named candidate apply 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, indemnify, 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 any injury to my/our child whether the result of negligence or for any other cause.

I/We agree to return upon request the uniform and other equipment issued to my/our child in as good condition as when received except for normal wear and tear.

I/We agree that our child (candidate) may be required to try out for a team. If such does not attend at least 50 percent of the tryouts, local Board-of-Directors approval is required for such candidate to be placed on a team.

I/We understand that our child (candidate) may be chosen at anytime to play on a Major Division team, if he/she is of correct age for such divisions as determined by the local league and Little League Baseball. Declining to move up to such Major Division team will result in forfeiture of eligibility for the Major Division for the current season, and may be subject to further restrictions by the local league.

I/We agree to provide proof of legal residence (as defined by Little League Baseball, Incorporated) and age. I/We understand that our child (candidate) must be eligible under the residence and age regulations of Little League Baseball, Incorporated, to participate in this Local League, and that if any controversy arises regarding residence and/or age, the decision of the Charter Committee in Williamsport shall be final and binding. I/We further understand that if any participant on a Little League team does not qualify for participation in the league based on residence (as defined by Little League Baseball, Incorporated) and/or age, such participant and/or team on which he/she participates be found ineligible and forfeit(s) and/or suspension of Tournament privileges may be decreed by action of the Charter Committee or Tournament Committee.

I/We will furnish a certified birth certificate of the above-named candidate to League Officials.

Parent or Guardian Signature _____ **Date** _____

Parent or Guardian Signature _____ **Date** _____