

Ladera Little League 2012 SPRING PROGRAM APPLICATION

**T-Ball - \$95 / Rookies - \$115 / Minors - \$170
Majors - \$170 / Softball - \$100 / Junior/Senior - \$150**

<input type="checkbox"/> Returning Player <input type="checkbox"/> New Player				
Player's Last Name	First Name	Middle Name	Gender	Date of Birth
Address City			Zip Code	Best Contact Number
Parent or Guardian's Last Name		First Name	Home Phone	Cell Phone or Pager
Parent or Guardian's Last Name		First Name	Home Phone	Cell Phone or Pager
E-mail address: _____				
Medical Consent and Waiver I understand that participation in tee ball, baseball, and softball may result in injuries and that protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify and agree to hold harmless the Ladera Little League, Inc., Little League Baseball Inc., and each of their officers, directors, agents, managers, coaches, volunteers, organizers, participants and persons transporting my child for any claim arising out of any injury to my child whether the result of negligence or for any other cause. In case of an emergency, during any Little League activity, I authorize emergency medical treatment, as deemed necessary, to be rendered to the above child. I authorize any hospital and/or physician to perform emergency medical treatment for any injury resulting from a Little League activity.				
Parent Signature			Emergency # or Cell #	
Alternate Emergency Contact: Name and Phone		Family Doctor: Name and Phone		Hospital Preference
Allergies/Medical Problems				
Uniform Size: Circle One Youth Adult _____ X Small _____ Small _____ _____ Medium _____ _____ Large _____ _____ X Large _____		I wish to volunteer for one or more of the following positions: ___ Coach/Manager ___ Team Parent ___ Field Maintenance ___ Scorekeeper ___ Other as needed		League Use Only Registration Fee: Check/Cash #: Date Received: League Age: Team/Level Assigned: