

Kent Little League 2010 Fall Ball Registration

PLAYER LAST NAME:	PLAYER FIRST NAME:	Sex M / F	Birth Date <i>Month / Day / Year</i>
School Attending	Grade	Age (see below)	Elementary School Nearest To Where Player Lives:
Player Lives With: <i>See Requirements</i> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Other:		Residency Requirements: Little League rules require player to reside within the boundary of Kent Little League. Siblings of current Kent Little League players may be grandfathered into the league. See Operations Manual.	
Parent/Guardian #1 (First/Last Name)		Parent/Guardian #2 (First/Last Name)	
Address		Address (If Different)	
City	State	ZIP	City State ZIP
Home Phone	Cell Phone	Home Phone	Cell Phone
Email Address		Email Address	
Occupation		Occupation	

DIRECTIONS: 1) Check Box for Division 2) Complete Reverse

NOTE: Player age is the age the player will be on April 30th, 2011.

Minors/Majors Baseball:

\$45 7 and 8 year olds

\$45 9 and 10 year olds

\$45 11 and 12 year olds

Upper Division Baseball:

\$75 13 and 14 year olds

\$75 15 and 16 year olds

2010 Fall Ball Information

- 1) Registration will close on August 13th.
- 2) Openings are limited. Teams will be filled on a first come, first served basis with returning Kent Little League players receiving priority.
- 3) Teams will be formed by age (evenly distributed) and geographically (nearest elementary school).
- 4) Practices will begin in mid August.
- 5) Games will start in early September and run through October.
- 6) Games will be instructional.
- 7) Scores will not be kept.
- 8) Standings will not be kept.
- 9) Players deemed to be living outside of the Kent Little League boundaries will have their registration fee returned.
- 10) If enough registrations are not received for any age group, those registration fees will be returned.

All players must send to Kent Little League the:

1. Completed registration form.
2. Registration fee.
3. Medical Release Form
4. Concussion Form
5. Volunteer Application

Mail Registration form and payment to:

Kent Little League
PO Box 5411
Kent, WA 98064-5411

- ♦ Kent Little League is an all-volunteer, non-profit youth baseball/softball organization chartered through Little League, Inc. Funds are generated through member fees, fundraisers, and through community/business sponsorships.
- ♦ Each player's family is expected to volunteer for the successful operation of the league.
- ♦ There will be a \$25 fee for returned checks. Please contact the treasurer for payment arrangements.

Questions? Email the Registrar or Division Director – Emails are located on the website.

Registration form and fee must be received by August 13, 2010.

Residency Compliance:

Player Name: _____

Player Lives At: _____

Street Address #1 _____

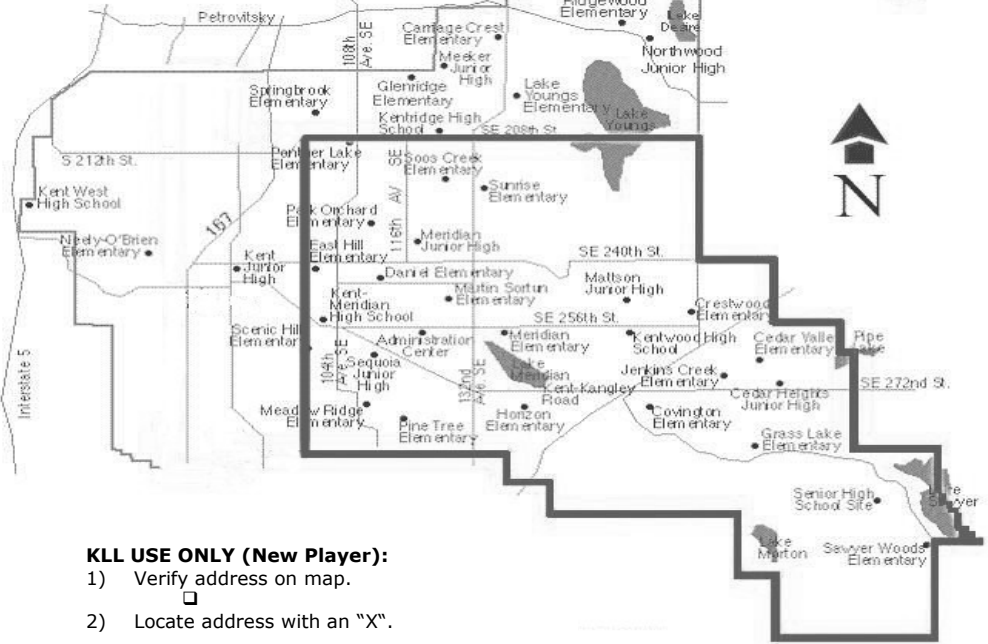
Street Address #2 _____

City _____ WA _____ ZIP _____

I, parent/guardian of the above named player, confirm that said player resides within Kent Little League boundaries over 50 percent of the year. I acknowledge that this policy is a condition of participation. I understand that if this claim to residency is challenged, I will provide additional documents to substantiate the above named players address.

Parent/Guardian _____ Date _____

Kent Little League Boundary



KLL USE ONLY (New Player):

- 1) Verify address on map.
- 2) Locate address with an "X".

Spectator Code of Conduct:

Kent Little League recognizes that most of our spectators know how to display good sportsmanship for our children. Please exhibit these qualities of a good sport!

- I will take the time to become aware of the rules, regulations and philosophy of Little League.
- I will be positive in my criticism of the program and am willing to volunteer my services to improve it.
- I will present my criticisms to Kent Little League officers in a constructive manner.
- I will understand the team formation and tryout system.
- I will recognize the efforts expended by the volunteer personnel and will refrain from un-sportsmanlike conduct and "grandstand" managing.
- I will recognize that the umpire is closest to the play and the umpire calls the play as he/she sees it.
- I will remember that the umpire is a volunteer who has assumed a difficult, but necessary role.
- I will recognize that Little Leaguers are youths, not professionals, and need encouragement, not criticism.
- I will applaud good plays and ignore errors.
- I will encourage more effort, initiative, and hustle.
- I will congratulate the winners and encourage the losers.

Initialed by Parent/Guardian _____

Parental Consent: I/We, the parents of the above named child, hereby give my/our approval for participation in any and all Little League activities, including transportation to and from activities. I/We know that participation in baseball/fast pitch softball may result in serious injuries and protective equipment does not prevent all injuries to players. I/We do hereby waive, release, absolve, indemnify and agree to hold harmless the local Little League, Little League Baseball, Inc., 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, except to the extent and in the amount covered by accident or liability insurance. Further, participation in Little League Baseball requires the ability to run, throw, swing a bat and catch a ball. Also, participation requires the capacity to understand the rules of the game. **Does your child have any current condition that LIMITS his/her ability to participate in this activity?**

NO YES (If "YES", please explain and identify any modifications that would enable your child to participate. Attach to form.)

I/We agree to return upon request the uniform and other equipment issued to our child in as good as condition as when received except for normal wear and tear. I/We will furnish an original, certified birth certificate of the above named child to League Officials. I/We understand that Kent Little League is an all volunteer organization and participation is required. By signing this registration form you indicate your understanding of obligations as a participant of Kent Little League.

Parent/Guardian Signature _____

Parent/Guardian Signature _____

Payment:

Player Fee _____ \$ _____

Donation *Thank you!* _____ \$ _____

Total Payment Submitted: _____ \$ _____

****A \$20 fee for NSF checks will be charged. ****

League Use Only:

	By/Initial
Boundary Check <input type="checkbox"/>	_____
Birth Certificate <input type="checkbox"/>	_____
Medical Release <input type="checkbox"/>	_____
PAYMENT RECIEVED: <input type="checkbox"/>	Ck# _____
League #: _____	Division: _____

Volunteer Information: (Registration Is Considered Incomplete if This Section Is Not Filled Out)

Parent/Guardian #1: _____	Parent/Guardian #2: _____		
Email Address: _____	Email Address: _____		
Home Phone _____ Cell _____	Home Phone _____ Cell _____		
Area(s) Willing to Help:			
<input type="checkbox"/> Manager	<input type="checkbox"/> Team Parent	<input type="checkbox"/> Field Maintenance	<input type="checkbox"/> Team Safety Parent
<input type="checkbox"/> Assistant Coach	<input type="checkbox"/> Concessions Work	<input type="checkbox"/> Game Prep (Fields)	<input type="checkbox"/> Other