

| | | |
|---|---|-----------------------------------|
| Arizona District 7 Little League - Fall Baseball | | League Use Only |
| Application To Play | | |
| <i>Instructions:</i> Please complete the form and sign the consents below. * Indicated Required Info | | Amount Paid |
| PLAYER INFORMATION: | | Circle One: Cash Check |
| DOB Month _____ Day _____ Year _____ | | LEAGUE AGE (FB): (Current LA + 1) |
| Last Name | | First Name |
| | | MI. |
| Street Address | | Apt. No. |
| City | Zip | Parent's Email Address |
| Player's phone no. | *Did player play Little League this past season? Circle One Yes No | |
| *If yes, what Little League? | What Division? | |
| Program Requested (Circle One) Baseball | Fast Pitch Softball | |
| Emergency Information | | |
| Father's Name | | Mother's Name |
| Contact Phone | | Contact Phone |

Refund Policy: Refunds of any fees paid will be made before the start of practice. If a player has received any equipment before this date (uniforms cannot be returned), the cost will be deducted from any refund. After the start of practice, refunds will ONLY be granted to those who have paid and for some reason were not placed on teams. The fall ball program reserves the right to request a copy of a receipt or canceled check as proof of payment in order to receive a refund. All requests for refunds will be in writing and sent to:

**Little League Fallball
2427 S Spruce Street
Mesa, Arizona 85210**

Consent to play:

I/we, the parent (s) 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 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, Inc., the organizers, sponsors, participants and persons transporting my / our child to and from activities for any claim arising out of any injury my / our child whether the result or negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance.

. I/we will furnish a certified birth certificate of the above named candidate upon request of the League or local league officials.

Consent for medical treatment:

In case of emergency, if the family physician cannot be reached, I hereby authorize _____ (player), _____ (date of birth) to be treated by another qualified, licensed physician who is available.

NOTE: If applicable, please complete following:

Participation in Little League Baseball requires the ability to run, throw, swing a bat and catch a ball. Additionally, 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? (Circle One) **Yes No**

If "yes," please explain and identify any modification that would enable your child to participate: _____

To Help Support My Player And His/Her Activities I Would Like To Assist In The Following Areas.

| | | | |
|---------|-----------|--------|-----------|
| Manager | Age Group | Umpire | Age Group |
| Coach | Age Group | Other | |

Parent (s) Signature League Representative Date