

## CONCORD AMERICAN LITTLE LEAGUE 2010 FALL BASEBALL APPLICATION

*Print & Complete ALL information please*

*player will be assigned to division they will play in 2011*

Players Name		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Father:		Mother:	
		Hm Phone:	
Address		City	Zip
Email: _____@_____		<b>APPLY 2010</b> refund to Fall Ball Fee <input type="checkbox"/> Yes <input type="checkbox"/> No	
Father Cell Phone (____)		Mother Cell Phone (____)	
Year's Experience	Positions Played	Birthdate (mm/dd/yy)	
2010 Spring League Team & Division:			
Parent/Guardian		Phone Number	
Emergency Contact/Relationship		Phone Number	
<p>I would be interested in <input type="checkbox"/> Managing a team <input type="checkbox"/> Helping Coach a team</p> <p>I/we, as parent(s)/guardians(s) of the above participant, hereby authorize the manager or coach of my child's team to consent to medical, surgical or dental examination/treatment as may be required in my/our absence.</p> <p>I/we hereby give my/our consent to the above-named to participate in the activities of Concord American Little League and to release, indemnify and hold harmless Concord American Little League, it's officers, directors, agents, mangers, coaches and league representatives from and against any and all liability, claims or causes of action for injury or damages to my/our child, myself/ourselves or others or to any property as a result of my/our child's participation in the activities of Concord American Little League and for any claims based upon negligence, contract, breach of warranty, product defect or other legal theory. I/we hereby accept for myself/ourselves and my/our child(ren) the full risk and damage of any and all such injury which may result.</p>			
Signature of Parent/Guardian		Date	
<b>Tee-Shirt Size</b>			
Youth Size: <input type="checkbox"/> 10-12 <input type="checkbox"/> 14-16		Adult Size: <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> X-Large <input type="checkbox"/> XXLarge	
<b>For League Use Only</b>			
2011 Playing Age (as of 4/30/11):		2011 Fall Division Assignment:	
Amount Received \$ <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____		Date Rcvd:	Rcvd By:
<input type="checkbox"/> Credit Card* Approval #: _____			
<p><b>FEE: \$60 to be paid at the time of registration REGISTRATION DEADLINE: AUGUST 13, 2010</b></p> <p><b>*If paying by mastercard or visa, we will call you upon receipt of registration form. Make check payable to CALL Fall Ball</b></p> <p>Mail Registration &amp; Check to: CALL FALL BALL c/o Kathy Sheehan 2025 Rapallo Way, Bay Point, CA 94565</p> <p>Questions? Call 586-9073 or email callauxiliary@yahoo.com</p>			