

**CONCORD AMERICAN LITTLE LEAGUE  
2008 FALL BASEBALL APPLICATION**

*player will be assigned to division they will play in 2009*

Players Name		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Address		City	Zip
Email Address			
Home Phone (925)		Cell Phone ( )	
Year's Experience	Positions Played	Birthdate (mm/dd/yy)	
2008 Spring League Team & Division			
Parent/Guardian		Phone Number	
Emergency Contact/Relationship		Phone Number	
I would be interested in <input type="checkbox"/> Managing a team <input type="checkbox"/> Helping Coach a team			
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.			
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.			
Signature of Parent/Guardian		Date	
Tee-Shirt Size			
Youth Size: <input type="checkbox"/> Medium <input type="checkbox"/> Large		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>			
Playing Age:	Birthdate Verified <input type="checkbox"/> ID Card <input type="checkbox"/> Birth certificate		
2008 Fall Ball Division		Team	
Amount Received \$ <input type="checkbox"/> Cash <input type="checkbox"/> Check #		Date Rcvd:	Rcvd By:
<b>FEE: \$60 to be paid at the time of registration REGISTRATION DEADLINE: AUGUST 1. 2008</b> <b>Make check payable to CALL Fall Ball</b> Mail Registration & Check to: CALL FALL BALL c/o Kathy Sheehan 2025 Rapallo Way, Bay Point, CA 94565 Questions? Call 586-9073 or email callauxiliary@yahoo.com			