

West Boise Little League  
P.O. Box 44772  
Boise, ID 83711-0772  
(208) 378-9336

2010  
**West Boise Little League  
Player Registration Form**  
(fill out reverse side)

**For league use only**

League Age: \_\_\_\_\_ Softball \_\_\_\_\_  
Division: \_\_\_\_\_ Baseball \_\_\_\_\_  
Grandfather request: Yes \_\_\_\_\_ No \_\_\_\_\_  
Previously approved: Yes \_\_\_\_\_ No \_\_\_\_\_  
No. of players in family: \_\_\_\_\_  
Birth certificate verified? Y / N

**\*\*NOTE\*\*** For girls, please indicate if playing **Baseball**\_\_\_\_ or **Softball**\_\_\_\_

**Player Information**

\_\_\_\_\_  
Last Name First Name (Nickname) Home Phone Alternate Phone

\_\_\_\_\_  
Address City State Zip Code

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Birth Date League Age for 2009 Male / Female Lives with: \_\_\_Both Parents \_\_\_Mother \_\_\_Father

Was the player on a Majors team last year? Yes / No If "Yes", which team was player on? (BB/SB) \_\_\_\_\_

School that player attends (or would attend if he/she were in the public school system): \_\_\_\_\_

Comments/Special request : \_\_\_\_\_

**Please mark one:** \_\_\_\_\_ Player will be participating in the fundraiser.  
\_\_\_\_\_ Player opts out of the fundraiser, and will pay the additional \$25 per player "opt out" fee.

**Parent Information**

**Father's Information**

**Mother's Information**

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone (H): \_\_\_\_\_ (Cell/Work): \_\_\_\_\_ Phone (H): \_\_\_\_\_ (Cell/Work): \_\_\_\_\_  
Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

**Medical Information**

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Medical Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
Emergency Contact Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Contact Phone: \_\_\_\_\_  
Medical Notes: \_\_\_\_\_

**League Use Only**

Registrar  
Player Fee: \_\_\_\_\_ Opt Out Fee: \_\_\_\_\_  
Field Improvement Donation: \_\_\_\_\_  
Scholarship: Yes \_\_\_\_\_ No \_\_\_\_\_  
Multiple Players paid for: Yes \_\_\_\_\_ No \_\_\_\_\_  
Total Collected: \$ \_\_\_\_\_

1. Notify of tryout dates and times (if applicable)
2. Take copy of birth certificate
3. Checked which program they registered for.  
Initials: \_\_\_\_\_  
Official you spoke to  
Siblings (last name if different): \_\_\_\_\_

# 2010

## West Boise Little League Player Registration Form (page 2)

### Volunteers

West Boise Little League is run entirely by volunteers. We need your help to ensure children in West Boise continue to have the opportunity to play Little League baseball and softball. The jobs listed below cover a wide range of commitments. Some require only a few hours to complete and others may require several hours a week for the entire season. Please indicate which job(s) you are willing to perform to help West Boise Little League have a successful season.

Thank You,  
Board of Directors, West Boise Little League

Please mark 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> choices of the volunteer positions listed below. You will only be asked to perform one.

#### Volunteer Positions

Father    Mother

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | (A) <b>Manager</b> - manages all aspects of the team's practices, games, and volunteers                                |
| <input type="checkbox"/> | <input type="checkbox"/> | (B) <b>Assistant Coach</b> - assists the manager with team practices, games, etc.                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | (C) <b>Umpire</b> - each team needs to furnish one umpire per game   |
| <input type="checkbox"/> | <input type="checkbox"/> | (D) <b>Team Coordinator</b> - helps the manager by organizing treat schedules, team parties, etc.                      |
| <input type="checkbox"/> | <input type="checkbox"/> | (E) <b>Field Prep</b> - Helps get field ready for games by raking, chalking lines, putting out bases, etc.             |
| <input type="checkbox"/> | <input type="checkbox"/> | (F) <b>Score Keeper</b> (except T-ball) - we hold clinics to help you learn how to keep score                          |
| <input type="checkbox"/> | <input type="checkbox"/> | (G) <b>Concessions</b> - work in the concession stand a couple times during the season for an hour and a half          |
| <input type="checkbox"/> | <input type="checkbox"/> | (H) <b>Fund Raiser</b> - organize the team's fund raising efforts, and coordinate with league representative           |
| <input type="checkbox"/> | <input type="checkbox"/> | (I) <b>Sponsor a team</b> - you can sponsor a team for \$250 and have your company name on the jerseys or a field sign |

I would like to sponsor a team, or know someone who might want to.

Contact me at \_\_\_\_\_  
Name
Phone

#### Condition of Participation

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?    Yes \_\_\_\_\_  
 No \_\_\_\_\_    If "Yes", please explain and identify any modification that would enable your child to participate:

(A Challenger program is available in this area. Ask for details.)

As the above named child's parent/guardian I hereby give consent for his/her medical care by a duly licensed Doctor of Medicine. This care may be given under whatever conditions are necessary to preserve life, limb, or well being of my dependent.

I/We, the parents 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.

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 Incorporated, 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 causes, except to the extent and in the amount covered by accident or liability insurance. (Which is a secondary policy)

I/We agree to return upon request the uniform and other equipment issued to my/our child in as good as condition as when received except for normal wear and tear, or to pay the replacement cost thereof.

I/We have furnished a birth certificate of the above named candidate to League Officials.

I/We understand that inappropriate conduct (i.e. harassing coaches, umpires, players, etc.) could result in removal from the fields and or sanctions against the team, and agree to follow a personal course of conduct which is above reproach and in conformance with Little League standards.

\_\_\_\_\_  
Parent/Guardian Name (please print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date