

WEST SUGAR LAND LITTLE LEAGUE

Established 1993

2009 Fall Registration Form

- Review and *correct* the following information as required.
- You **MUST** include your child's Physicians name and phone number.
- Applications *will not* be accepted without a **signature!**

Complete the payment coupon and this application. Mail both completed forms to WSLLL, P.O. 1143, Sugar Land, Texas 77487-1143 or bring the form to a Walk-In registration (see web site for times and dates).

Player's Name _____ Birth Date _____ M / F
Home Address _____ City _____ Zip _____
Home Phone _____ School _____
Mother _____ Occup/Comp _____ Cell Phone _____
Father _____ Occup/Comp _____ Cell Phone _____
Child's Physician _____ Phone _____
Primary E-Mail Address _____ Neighborhood _____
League Age _____
*As of April 30, 2010
Comments: _____

We / I the parent(s) of _____, hereby give my / our approval to participate in any and all Little League activities, including transportation to and from the activities.

We / I know that participation in baseball 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 West Sugar Land Little League, Inc., Little League Baseball, Inc., the organizers, sponsors, supervisors, participants, and persons transporting my / our child whether the result of negligence or for any other cause, except and in the amount covered by accident or liability insurance.

We / I hereby agree to hold harmless the New Territory Residential Community Association, its directors and employees, the Fort Bend Independent School District, Fort Bend County Parks and Recreation, and any other leaser whose facilities are utilized by the West Sugar Land Little League from any claim of any type including personal injury or property damage, arising out of participation in any Little League activity or the use of any facilities therewith.

We / I understand that a *certified / original birth certificate* and proof of residency must be presented to Little League Officials upon request and is a condition of eligibility in the Little League program.

In case of emergency, if the family physician is not readily available, we / I hereby authorize treatment of my child by another physician who is available.

Please indicate any physical limitations or allergies: _____

Parent / Legal Guardian Signature _____ **Date** _____

Below this line for League Use Only

League Age _____ Birth Certificate _____ Division _____
Mail-in _____ Raffle _____ 2D Form _____ Capital Fund _____