

# Corvallis Little League 2012

## Registration Form — Softball

Note:  
One form per player required for tracking purposes

Registration Date  
 Jan 21  Jan 25  Jan 28  
 Other Date: \_\_\_\_\_

BC Verified by \_\_\_\_\_ Age \_\_\_\_\_

New  
 Returning

Player's Last Name		First Name		Primary Phone		Birth Date	
Address				Cell Phone		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
City		State	Zip	School		Grade	

Level	Age Range	Notes	Fee(s)	Amount
<input type="checkbox"/> <b>Rookie</b>	5 - 7		\$55.00	
<input type="checkbox"/> <b>Farm</b>	6 - 9	(6-yr. olds with 1 yr. of Rookie recommended)	\$55.00	
<input type="checkbox"/> <b>Minors</b>	9 - 11	Skills Clinic required (placement)	\$80.00	
<input type="checkbox"/> <b>Majors</b>	10 - 12	Tryouts required (draft)	\$80.00	
<input type="checkbox"/> <b>Juniors</b>	13 - 14	Tryouts required (draft)	\$85.00	
<b>(age as of Dec 31, 2011)</b>			Late register fee (after Jan. 31)	\$5.00
			Donation	
			<b>Total</b>	

Names of siblings also playing	Level

**\*\*\* No refunds after March 1, 2012**

### Rookie / Farm:

Teams are assembled by the level chosen on this form, age, school and grade, a Parent as a Coach or Manager, and special requests. Every attempt is made to match siblings on teams as well as parents and players.

### Minors / Majors / Juniors:

Team formations are by draft (placement for minors) and a players talent AND ability will determine level. It is not possible to guarantee that a player will be on a certain team or with a particular coach at these levels, even for siblings.

Amount Paid	Cash/check #	Collected by

Father/Guardian #1 - Last Name		First Name	
Primary Phone	Cell Phone	Work Phone	
E-mail			
Mother/Guardian #2 - Last Name		First Name	
Primary Phone	Cell Phone	Work Phone	
E-mail			

**Volunteer (select top 3)**

Volunteer Functions:

Board Member  
 Manager (Head Coach)  
 Assistant Coach  
 Team Parent  
 Umpire  
 Scorekeeper  
 Safety Parent  
 Concessions (1 event)  
 Cart Driver (1 event)  
 Field Prep  
 Field Maintenance

Note any medical problem or condition the child has: \_\_\_\_\_

Person to notify in case of emergency

(if parents/guardians can't be reached):

Name \_\_\_\_\_ Primary Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Doctor to notify in case of an emergency: \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Personal insurance: \_\_\_\_\_

Provider \_\_\_\_\_ Policy # \_\_\_\_\_

### Rookie/Farm/Minor only:

### Buddy Signup Program (NEW):

Manager / Coach Request	Name of CLL Softball player: <input type="checkbox"/>	Comments
Player Request (only 1)	New Player 2: <input type="checkbox"/>	

The undersigned: parent/guardian of the participant, consent to their participation in all Corvallis Little League (CLL) activities; waive, release, absolve, indemnify and agree to hold harmless CLL, Little League Baseball, Inc., organizers, sponsors, supervisors, officers, owners of fields and facilities utilized by the program, and participants and persons transporting my child to and from activities for any claim arising out of an injury to my child resulting from negligence or for any cause except to the extent and in the amount covered by the accident, medical or liability insurance carried by the CLL organization.; give my consent and authorization for medical treatment in the event of injury or illness by a qualified medical personnel and allow such qualified medical personnel to render such medical care as determined necessary under the circumstances including but not limited to first aid treatment, anesthetics, suture of wounds, X-rays and/or hospitalization

Signature of parent or legal guardian \_\_\_\_\_

Date: \_\_\_\_\_

**My signature is an acknowledgement that I have read and understood the above information**