

2010 Sandpoint Little League Baseball & Girls Softball Registration

(Please Print Clearly)

www.eteamz.active.com/sandpointlittleleague

Player's First Name: _____
Player's Last Name: _____
Home Address: _____
Mailing (if different) _____
City/Zip: _____
Parent/Guardian: _____
: _____
Contact Phone Number: _____
Email: _____
Division last year _____
Name of Current School: _____

Birth date: _____
Age on 4/30/2010 _____
If 10 yrs, do you want player eligible for Major's draft? YES NO
Gender MALE FEMALE
Uniform size Youth: S M L Adult: S M L XL
_____ T-ball 5-7yrs _____ Rookie 7-9yrs _____ Minors 9-11yrs
_____ Majors 10-12yrs _____ Softball 9-12yrs

EMERGENCY CONTACT
Full Name: _____
***Person outside of household
Phone # _____
Doctor & Phone #: _____

Insurance Company & Policy #: _____

Allergies or any medical condition: _____

Registration Deadline March 20th
Checks Payable to:
Sandpoint Little League
P.O. Box 832
Sandpoint, Idaho 83864
Single player T-ball, Rookie \$60.00
Single player Minor, Major, Softball \$65.00

SANDPOINT LITTLE LEAGUE IS A 100% VOLUNTEER ORGANIZATION

PARENTS NEED TO VOLUNTEER FOR ONE OR MORE OF THE FOLLOWING:

- Team Parent: Snacks, Stats, Scorebook
- Head Coach: All coaches must attend coach training
- Assistant Coach:
- Field Help: Maintain and prepare fields
- Opening Day: Setup/cleanup/man stations
- Other:
- Scholarship player's parent or guardian must volunteer at least 6 hours
- Team Sponsor** A league representative will contact you with sponsor fees.

Business name: _____
Contact number: _____

Parent Name for volunteer positions _____
Contact Number _____

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Mark your Calendar-League Try-out's
Saturday March 20th SHS GYM
Mandatory for Minor and Major Leagues ages 9-12
Registration starting at 9:00am
Try-out's starting at 10:00am
Bring your glove and tennis shoes (non-marking) no cleats
T-Ball Rookie and Softball can mail in registration or register on site 9:00am-1:00pm
Please include a copy of Birth Certificate

1. I, the parent and/or guardian of the above named player, give my approval to participate in any and all Sandpoint Little League activities. I assume all risks and hazards incidental to such activities, and I hereby waive, release, absolve, indemnify, and agree to old harmless Sandpoint Little League, the organizers, the sponsors, the participants, field owners, and persons transporting my child whether the results of negligence or for any other cause except to the extent and in the amount covered by accidental or liability insurance.

2. I agree to return upon request the uniform and any equipment issued to my child in as good of condition as when issued except for normal wear and tear.

3. **EMERGENCY AUTHORIZATION:**
If the family doctor cannot be reached, I authorize my child to be treated by another available doctor. My child may be transported for medical treatment by a duly appointed adult or by licensed ambulance in my absence.

My child's name and or photo may be used on the SLL website. www.eteamz.active.com/sandpointlittleleague

PARENT/GUARDIAN SIGNATURE

FOR LEAGUE USE ONLY

Age Verified _____ Residency Verified _____ Birth Certificate _____
Medical Release _____ Discount: _____
CASH / CHECK # _____ DATE: _____
Verified by: _____