SAN MATEO NATIONAL LITTLE LEAGUE

APPLICATION FOR 2010 **FALL BALL** SEASON (Please Print)

What team was player on in our league in 2010? Team _____ Division _____ (AA, AAA, Majors)

What was the Baseball Age of the player in the 2010 Spring season? Age _____

Player's Name: _____ _____ Date of Birth_____

Last First

Player's Address: _____ Phone # _____ Zip Code:_____

Player lives with: _____ (mother, father, both, etc.)

Mother's Name: _____ Home Phone #_____Cell#_____

Mother's Address: _____ Work Phone # _____

Father's Name: _____ Home Phone #_____Cell#_____

Father's Address: _____ Work Phone # _____

Email Address of Parent(s): _____ _____

VOLUNTEER:

___ Manager (Coach) ____ Assistant Coach ____ Team Parent ____ Other

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The parent and/or legal guardian of the above named Little League baseball applicant:

1) Approves the applicant's participation in all league activities.
2) Waives, releases, absolves, and holds harmless the San Mateo National Little League, Little League Inc., its organizers, directors, sponsors, team managers and coaches, field officials, and persons transporting the applicant to or from league activities from claims arising out of injury, whatever the cause to the applicant, except to the extent covered by insurance.
3) Agrees to return upon request all equipment and or uniforms in the condition received, except for normal wear and tear.
4) Agrees to pay the sum of $110.00 for playing in San Mateo Fall Ball Season. Make checks payable to SMNLL. There is a $20 discount for sibling registration(s).
5) Fall Ball is for all players that were a Baseball 8-11 during the Spring 2010 season.
6) Understands that any false statement of residence will lead to ineligibility to play Little League Baseball.
7) Will obtain the Medical Release Form from the www.smnlittleleague.com website and submit with this application.

_____ _____ _____

Parent and /or Guardian Signature Date Relationship

ON-LINE REGISTRATION OPTION AND FORMS AT WWW.SMNLITTLELEAGUE.COM

Mail Applications and Medical Release forms with Check (payable to SMNLL) to:

DIRK JENSEN
Fall Ball
4218 Wooster Avenue
San Mateo CA 94403

DEADLINE TO REGISTER : MONDAY AUGUST 2nd

Revised: 6/25/2010