SAN MATEO NATIONAL LITTLE LEAGUE

APPLICATION FOR 2009 FALL BALL SEASON (Please Print)

What Team Did Player play in our league in 2009? Team _____ Division _____ (AA, AAA, Majors)

What was the Baseball Age Player played in our league in 2009 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 #_____

Mother's Address: _____ Work Phone # _____

Father's Name: _____ Home Phone #_____

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 participating 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 $100.00 for playing in San Mateo Fall Ball Season. Make checks payable to SMNLL.
(5) Fall Ball is for all players that were a Baseball 8-11 during the Spring 2009 Season.
(6) Understands that any false statement of residence will lead to ineligibility to play Little League Baseball.

_____ _____ _____
Parent and /or Guardian Signature Date Relationship

REGISTER ON-LINE AT WWW.SMNLITTLELEAGUE.COM

Or mail Applications and Check (payable to SMNLL) to:

Mike Badet
Fall Ball
173 Poinsettia Avenue
San Mateo CA 94403

DEADLINE TO REGISTER: AUGUST 1, 2009

Revised: 06/09/10/09