

2010 FALL - FREEHOLD TOWNSHIP LITTLE LEAGUE REGISTRATION FORM

☞ Please check the appropriate boxes & fill out form completely - payment must be made at registration ☜

- New Player to FTLL ⇒ **MUST** provide Birth Certificate & proof of address Special Request on Bottom of Form
 Returning Player - Check this box if any information has changed since last years registration Freehold Boro LL Player

Please print the following information for your CHILD : Last Name: _____ First Name: _____ Address: _____ Birth Date (MM/DD/YY): _____ School: _____ Phone #: _____ Alt. Phone #: _____ Parent(s)/Guardian(s) information: Father: _____ Occupation: _____ Mother: _____ Occupation: _____ E-Mail Address: _____ T-shirt Size (Circle One): CHILD: S / M / L / XL ADULT: S / M / L / XL	<p style="text-align: center;">For Official Use Only</p> ----- Date: _____ Birth Cert. <input type="checkbox"/> Rcvd. By: _____ Raffle #: _____ Payment Amt: \$ _____ Cash <input type="checkbox"/> Check <input type="checkbox"/> #: _____ Multi-payment <input type="checkbox"/>
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FEES Make checks payable to: <u>F.T.L.L.</u>	The registration fees for the 2010 Fall Little League season are as follows: Little League (ages* 6-11) \$50.00; Ages 12-14 for transitional program \$30.00 Late fees (Registration after 8/13/10 - \$15.00 additional per child) – subject to space availability * Child's age as of 4/30/10 – the FTLL will not have an in-house Fall League for any other ages. Fall registration is by mail only! Do NOT mail cash! Interested in managing the team? – check below. Registration is non-refundable. The FTLL reserves the right to alter the Fall program based on final registration. Mail to: Freehold Township Little League Fall Baseball P.O. Box 7306 Freehold, NJ 07728
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CONSENT	As Parent or Guardian of the child, I do hereby consent to his or her participation in the Freehold Township Little League program. In case of injury to my child, any other person or property, resulting from or in connection with the activities in which my child is a participant, I do hereby agree to release, absolve, indemnify, hold harmless and waive all claims against Freehold Township Little League, the organizers, sponsors, directors, officers, managers, coaches and supervisors.
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INSURANCE	The Little League insurance will supplement my own insurance program, where necessary. All claims must be submitted immediately to the President or Safety Director of the League.
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MEDICAL AUTHORIZATION	I understand that I will be asked by my child's manager, or league official to complete a medical affidavit regarding emergency treatment.
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SUPPORT / SPONSORS	I agree to support FTLL fund raising programs. All sponsors are welcomed as well as any parent who would like to sponsor his/her own child's team as a business or personal sponsor.
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ASSISTANCE	As Parent or Guardian of the child named above, I understand that a condition of participation is agreement by Parent(s)/Guardian(s) to give a reasonable amount of time to the Little League program. Little League is run by volunteers, and if I/we do not assist in the program, then I understand that FTLL is not required to accept my child if the size of the league must be adjusted to match the level of volunteer help. Parents must either work in the snack bar or umpire during the season. It will be determined by your team manager as to what you will be asked to do.
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Manager (Head Coach)?	Please indicate here if you would like to be considered to manage (head coach) for your child's team: <input type="checkbox"/> Manager name: _____ Phone: _____ (if different from above) Note: If you are selected to manage you will be required to have a volunteer form on record for 2010 & must complete the required Freehold Twp. background check process or have a valid Freehold Twp. ID card.
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SIGNED BY PARENT/GUARDIAN: _____ PRINT NAME: _____