

Wolf Creek Little League **FALL 2008** Application to Play

BASEBALL

Fall Little League is open to boys and girls 7-12yrs old. The registration fee to play Baseball \$90. (sorry, no family discount). Payment must be submitted along with this registration form or application will be incomplete.

Because WCLL uses the THPRD fields, ALL PLAYERS MUST HAVE A CURRENT THPRD CARD.

I certify I live within the boundaries of WCLL..... THPRD CARD #:
 I certify I live within the boundaries of THPRD.....

Player's First Name	Middle Name	Last Name	Gender	Date of Birth	Phone Number
Address			City, State		Zip Code
Elementary School Zone Child Lives In					
Parent or Guardian's First Name Last Name		Daytime Phone	Alternate Phone	Cell Phone or Pager	
Primary e-mail			Alternate e-mail		
Parent or Guardian's First Name Last Name		Home Phone	Alternate Phone	Cell Phone or Pager	
Primary e-mail			Alternate e-mail		

Medical Consent

I understand that participation in tee ball, baseball, and softball may result in injuries and that protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify and agree to hold harmless the local Little League, Little League Baseball Inc., the organizers, sponsors, participants and persons transporting my child for any claim arising out of any injury to my child whether the result of negligence or for any other cause, except to the extent and amount covered by accident or liability insurance.

In case of an emergency, during any Little League activity, I authorize emergency medical treatment, as deemed necessary, to be rendered to the above child, I authorize any hospital and/or physician to perform emergency medical treatment for any injury resulting from a Little League activity.

Parent Signature	Emergency # or Cell #	
Emergency Contact Name and Phone Number	Family Doctor Name and Phone Number	Hospital Preference
Allergies/Medical Problems		Date of Last Tetanus Booster

Uniform Sizes (Circle One): Pants Size: Adult: S M L XL Youth: S M L XL Shirt Size: Adult: S M L XL Youth: S M L XL <small>Size requested may not be available, closest match will be provided.</small>	I wish to volunteer for one or more of the following positions: <input type="checkbox"/> Fall Ball Team Manager <input type="checkbox"/> Fall Ball Team Coach <input type="checkbox"/> Fall Ball Team Assistant Coach <input type="checkbox"/> Board Member <input type="checkbox"/> Other as needed Please list available days and hours:	For League Use Only <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Birth Certificate Verified by & Date</td> <td style="width: 50%;">League Number 437-04-16</td> </tr> <tr> <td>Residence Verified by & Date</td> <td>League Age</td> </tr> </table>	Birth Certificate Verified by & Date	League Number 437-04-16	Residence Verified by & Date	League Age
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Mail form and payment to: Wolf Creek Little League P.O. Box 7190 Aloha, 97007 7190 VoiceMail Box 503-402-1778	Please list any special requests:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Team/Level Assigned</td> </tr> <tr> <td style="width: 50%;">Registration Fee</td> <td></td> </tr> <tr> <td>Paid</td> <td></td> </tr> <tr> <td>Balance</td> <td></td> </tr> <tr> <td>Date Received</td> <td></td> </tr> <tr> <td>Date Entered</td> <td></td> </tr> </table>	Team/Level Assigned		Registration Fee		Paid		Balance		Date Received		Date Entered	
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