

# Wolf Creek Little League **Spring 2009** Application to Play

Please Circle One:      **Baseball**                      **Softball**                      **T-Ball**

<p>Spring Little League is open to boys and girls 7-12yrs old. The registration fee to play Baseball or Softball is: \$130 / player The registration fee for T-Ball is: \$85. (sorry, no family discount). Payment must be submitted along with this registration form.</p>					
<p><b>Because WCLL uses the THPRD fields, ALL PLAYERS MUST HAVE A CURRENT THPRD CARD.</b></p>					
I certify I live within the boundaries of WCLL..... (initial)			THPRD CARD #:		
I certify I live within the boundaries of THPRD..... (initial)					
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			School Attending		Grade
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		
<p><b>Medical Consent</b></p> <p>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.</p> <p>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.</p>					
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	
<b>Uniform Sizes (Circle One)</b> <b>Pants Size:</b> Adult S, M Youth S, M, L, XL  <b>Shirt Size:</b> Adult S, M Youth S, M, L, XL		<b>I wish to volunteer for one or more of the following positions:</b> ___ Team Manager ___ Team Coach ___ Team Assistant Coach ___ Board Member ___ Other as needed  <b>Please list available days and hours:</b>		<b>For League Use Only</b>	
				Birth Certificate Verified by & Date	League Number 437-04-16
				Residence Verified by & Date	League Age
<b>Mail form and payment to:</b>  Wolf Creek Little League P.O. Box 7190 Aloha, 97007 7190 VoiceMail Box 503-402-1778		<b>Please list any special requests:</b>		Team/Level Assigned	
				Registration Fee	
				Paid	
				Balance	
				Date Received	
				Date Entered	