



# 2010 PLAYER



## APPLICATION

Registration Number: \_\_\_\_\_  
Has Birth Certificate  
Been Verified?: \_\_\_\_\_  
Is Player New to League?: \_\_\_\_\_

Tickets \* / Buyout

\* If you choose to sell the tickets, the money (\$50) will be due up front at registration.

Ticket Number(s): \_\_\_\_\_

**BASEBALL / SOFTBALL**

Level of Play: \_\_\_\_\_

School: \_\_\_\_\_

Enter all 10 numbers

Home Phone: \_\_\_\_\_

Sex: \_\_\_\_\_ League Age: \_\_\_\_\_

Softball - as of 31-Dec-2009  
Baseball - as of 30-Apr-2010

Date of Birth: \_\_\_\_\_

Players Name: \_\_\_\_\_  
First M.I. Last

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Player's e-mail: \_\_\_\_\_  
Only if unique to player

**Please make any necessary additions or corrections to the information above and sign.**

I/We, the parents of the above named candidate for a position on an Exeter Township Little League team, hereby give my/our approval to participate in any and all Little League activities, including transportation to and from the activities.

I/We know that participation in baseball may result in serious injuries and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify, and agree to hold harmless Exeter Township Little League, Little League Baseball Incorporated, the organizers, sponsors, participants, and persons transporting my/our child to and from activities for any claim arising out of any injury to my/our child whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance.

I/We agree to return upon request the uniform and other equipment issued to my/our child in as good a condition as when received, except for normal wear and tear.

I/We will furnish a certified birth certificate of the above named candidate to League Officials to verify the candidates date of birth.

### Parent(s) or Guardian(s) Approval/Information

Printed Name Occupation Signature Date e-mail

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Please indicate any physical limitations (allergies, hearing, sight, etc.): \_\_\_\_\_

Name of family hospitalization plan: \_\_\_\_\_

Additional Information or requests: \_\_\_\_\_

**ALL NEW PLAYERS MUST PRESENT BIRTH CERTIFICATE AT REGISTRATION - \$20.00 LATE FEE CHARGED AFTER REGULAR REGISTRATION**

Every effort will be made to honor requests at the younger levels. Requests cannot, however, be honored at the AA and above levels due to the team selection process at those levels. Refunds provided if requested, or if player experiences a season-ending injury/illness prior to the first scheduled team practice.