



Meadville Area Youth Baseball and Softball

www.maybs.org

Bill Dithrich, President

10561 Pettis Rd, Meadville, PA 16335-5535

(814) 337-3244 email: wkdlth@zoominternet.net

2010 APPLICATION TO PLAY LITTLE LEAGUE

Name _____

Address _____

City/ST/Zip _____

Phone _____ Sex _____ Birthdate _____ League Age (see below *) _____

Division _____ Email _____

Circle Shirt Size
 Youth S M L XL
 Adult S M L XL
 XXL XXXL

Medical Comments _____

* League age is determined by age player will be on April 30, 2010 for baseball or age player was on December 31, 2009 for softball.

	Parent #1 (Emergency Contact)	Parent #2
Name		
Phone		
Email		
Volunteer	<input type="checkbox"/> Coach or Asst. Coach <input type="checkbox"/> Concessions <input type="checkbox"/> Umpire <input type="checkbox"/> Field Maint.	<input type="checkbox"/> Coach or Asst. Coach <input type="checkbox"/> Concessions <input type="checkbox"/> Umpire <input type="checkbox"/> Field Maint.

League Fundraiser All Meadville Area Youth Baseball and Softball players are required to participate in the league fund raising program. Each player is given a packet of 25 coupons, sell the coupons for \$1.00 each and then turn in to the league the \$25.00 collected or it may be prepaid. Players can sell additional packets of coupons. If the player does not wish to sell the coupons he/she must pay a buy out fee of \$20.00. Please check the appropriate box:

I wish to participate in the fund raising program. I wish to buy out of the fund raising program for \$20.00.

1. I/We, the parents/guardians of the above-named player hereby give my/our approval to participate in any and all Little League activities, including transportation to and from the activities.

2. I/We know that participation in baseball or softball 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 the local Little League, Little League Baseball, Incorporated, the organizers, sponsors, supervisors, participants, and persons transporting my/our child to and from activities from any claim arising out of any injury to my/our child whether the result of negligence or for any other cause.

4. I/We agree that our child may be required to try out for a team. If such does not attend at least 50 percent of the tryouts, local Board-of-Directors' approval is required for such candidate to be placed on a team.

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

5. I/We agree to provide proof of legal residence (as define by Little League Baseball, Incorporated) and age. I/We understand that our child must be eligible under the residence and age regulations of Little League Baseball, Incorporated, to participate in this Local League, and that if any controversy arises regarding residence and/or age, the decision of the Charter Committee in Williamsport shall be final and binding. I/We further understand that if any participant on a Little League team does not qualify for participation in the league based on residence and/or age, such participant and/or team on which he/she participates be found ineligible, and forfeit(s) and/or suspension of Tournament privileges may be decreed by action of the Charter Committee or Tournament Committee.

6. I/We will furnish a certified birth certificate of the above-named player to League Officials.

Signature _____ Date _____

_____ Registration Fee

_____ Fund Raiser
 \$25.00 if prepaying for coupons
 \$20.00 if buy out option selected

_____ Total Paid

OFFICIAL USE ONLY	
<input type="checkbox"/> Birth Certificate Checked	<input type="checkbox"/> Residence Checked
<input type="checkbox"/> Coupons Issued - Numbered _____	
_____ Total Received - Check # (or 'Cash') _____	