



“Application to Play Little League”

2009 *Near West Little League*



Opening Day is Saturday, June 6 at Livingston Field (Polk & Leavitt). Go to: www.nearwest.org to register or turn in this form to any coach, Altgeld Park, or Chicago Hope Academy. All registrations are guaranteed until May 30. The fee is \$25- pay at registration or to head coach. Fee may be cash or check payable to: “Near West Little League”. See website or call 312-217-0680 for more info.

Player Information

Player’s First Name _____ Player’s Last Name _____

_____ Apt. # _____
Home Street Address

_____ Male Female
City and Zip Code

(____) _____ - _____ (____) _____ - _____
Home Phone Cell or Emergency Phone

Parent or Guardian Name (responsible for player) _____

Birthdate ____/____/____ Age on 5/1/09 _____ (League Age)

School ('08-'09) _____ Grade _____

Name of family hospitalization plan:

Please list any physical limitations or special health conditions that a coach needs to know about, such as allergies, asthma, hearing, sight, past injuries/surgery:

Player Questionnaire

Have you played in NWLL before?
 Yes- # of years _____ last team? _____ No
 Do you have any uniforms from past years? Yes No
 Have you played in other leagues or school teams?
 Yes- # years _____ where? _____ No
 Do you have a preferred team or coach? (if possible)
 Yes- _____ No
 Do you need to be on same team as other player(s)? (if possible)
 Yes- _____ No
 Which field position(s) would you like to play?
 Pitcher Catcher Third base Shortshop
 2nd base 1st base Outfield: Left Center Right
 Would you be interested in being a pitcher? Yes No
 How would you rate your baseball skills for your age?
 Fielding: Beginner Average Advanced
 Hitting: Beginner Average Advanced
 Throwing: Beginner Average Advanced
 Running: Beginner Average Advanced
 Do you have your own mitt/glove? Yes No
 Can your parent or guardian help coach? Yes No
 Will you miss any weeks of games? When: _____

Parent or Guardian Legal Agreement

I/We, the parents of the above named candidate for a position on a Little League team, hereby give my/our approval to participate in any and all Little League activities.
 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 Near West Little League, Little League Incorporated, the organizers, sponsors, supervisors, 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.

Parent/Guardian Signature _____ Relationship to Player _____ (____) _____ - _____ / ____ / ____
Phone Number Date

(For Near West Little League Use Only)

Presented Birth Certificate Yes No- Other Document: _____ School Records Yes No
 League Division T-Ball 5-8 BB 8-10 SB 8-11 BB 10-12 SB 11-14 (pre-high school) BB 13-15
 Assigned Team Name: _____ Team Coach(s): _____
 Application Received by: _____ Date Received: _____, 2009
 \$25 Fee Paid: Yes- Date Paid ____ / ____ /09 Cash Check # _____ Rec'd by: _____ No- When? ____ / ____ /09