"Application to Play Little League"
2011 *Near West Little League*

Opening Day is Saturday, June 4 at Livingston Field (Polk & Leavitt). Turn in this form and $25 fee to any coach, Altgeld Park, or Chicago Hope Academy. All registrations are guaranteed until June 11 for baseball and T-Ball, or May 14 for softball. Fee may be cash or check payable to: "Near West Little League". See *www.nearwest.org* or call 312-217-0680 for the latest info.

Player Information

_____ _____
Player's First Name Player's Last Name

Birthdate ____/____/____ Age on 5/1/11 _____(League Age)

School ('10-'11)_____ Grade____

_____Apt. #_____
Home Street Address

_____ ❑ Male ❑ Female
City and Zip Code

_____
Parent or Guardian Name (responsible for player)

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

E-Mail Address: _____

Health care plan or hospital: _____

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 upon request 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:_____, 2011

$25 Fee Paid: ❑ Yes- Date Paid __/____/11 ❑ Cash ❑ Check #_____ Rec'd by:_____ ❑ No- When? __/____/11