

# 2011 Fall Baseball registration form

## Player Info

Name (Last, First)

---

Birth date

---

Mailing Address

---

Email (Parent, Required)

---

Home Phone

---

## Parent Information

Custodial Parent/Guardian

---

## Contacts

Name

---

Relationship to Player

---

Phone

---

## Cost

45.00 per child

I/We the parents/guardians of the above-named candidate for a position on a Fall Baseball team, hereby give my/our approval to participate in any and all Fall League 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 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 cause.

Parent/Guardian Signature

---

Date

---

Mail Payment to:

NHLL PO Box 202 NH, NY 13413  
Make all checks payable to NHLL  
Registration deadline September 5, 2011

