

CIBOLA LITTLE LEAGUE
2010 Spring Season
Application to Play Little League Baseball or Softball

Please Print Clearly

Board Member Initials: _____

Male _____
Female ____/____/____

Baseball Age on April 30th 2010 _____
Softball Age on Dec 31st 2009 _____

Player's First Name, Middle Initial, Last Name _____ Date of Birth _____

RR /Corrales, 87 _____

Father's Name, Street Address _____

Phone _____ Work/Day _____ Cell _____

Occupation: _____ E-Mail Address: _____

RR /Corrales, 87 _____

Mother's Name, Street Address _____

Phone _____ Work/Day _____ Cell _____

Occupation: _____ E-Mail Address: _____

Please circle who the Player lives with Both Parents Mother Father Guardian

Other family members playing in Cibola Little League: _____

Name of Family Health Plan: _____ School: _____

Is the player participating in AAU or School Baseball, ASA Softball or Soccer? No If yes, what? _____

Participation in Little League baseball requires the ability to run, throw, swing a bat and catch a ball. Additionally participation requires the capacity to understand the rules of the game. Does your child have any current condition that limits his/her ability to participate in this activity?

Yes No If "yes", please explain and identify any modification that would enable your child to participate. Also, please indicate any physical limitations (allergies, hearing, sight, etc.) or any additional information: _____

I/We, the parents/guardians 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, including transportation to and from the 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 Cibola 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. 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. I/We agree to provide proof of legal residence (as defined by Little League Baseball, Incorporated) and age. I/We understand that our child (candidate) must be eligible under the residence and age regulations of Little League Baseball, Incorporated, to participate in Cibola Little 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 (as defined by Little League Baseball, Incorporated) and/or age, such participant and/or team on which he/she participates may be found ineligible, and forfeit(s) and/or suspension of Tournament privileges may be decreed by action of the Charter Committee or Tournament Committee. I/We agree that our child (candidate) may be required to try out for a team. If such does not attend at least 50 percent of the tryouts, the Cibola Board of Directors' approval is required for such candidate to be placed on a team. I/We will furnish a certified Birth Certificate of the above named candidate to League Officials. I/We also understand that our child may appear in photos taken of League games and agree to allow Cibola Little League to use those photos on the League website.

Parent(s) or Guardian Signature: _____ Date: _____

Cibola is a Non-Profit Org. run by VOLUNTEERS. Please let us know how you can help make Cibola a better League:

League Sponsor _____ Scorekeeper _____ Team Manager _____

Board Member _____ Team Mom _____ Team Coach _____

Fundraising _____ Team Dad _____ Umpire _____

Paid by: CASH _____ Registration \$ _____

CHECK No: _____ Raffle \$ _____

Member League No. _____

Address Verified: Yes No

Birth Certificate Verified: Yes No