

**CIBOLA LITTLE LEAGUE  
2012 Spring Season  
Application to Play Little League Baseball or Softball**

Please Print Clearly

Board Member Initials: \_\_\_\_\_

Male \_\_\_\_\_ Baseball Age on April 30th 2012 \_\_\_\_\_  
 Female \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Softball Age on Dec 31st 2011 \_\_\_\_\_  
 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/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.

Cibola is a Non-Profit Org. run by VOLUNTEERS and can only be successful with your help. By signing below, I agree that I will volunteer for one of the below opportunities.

League Sponsor \_\_\_\_\_ Scorekeeper \_\_\_\_\_ Team Manager \_\_\_\_\_ Board Member \_\_\_\_\_ Team Mom \_\_\_\_\_  
 Team Coach \_\_\_\_\_ Fundraising \_\_\_\_\_ Team Dad \_\_\_\_\_ Umpire \_\_\_\_\_

Parent(s) or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Paid by: CASH/CHECK No: \_\_\_\_\_ Registration \$ \_\_\_\_\_ Raffle \$ \_\_\_\_\_  
 Member League No. \_\_\_\_\_

Address Verified: Yes No UNIFORM SHIRT SIZE (MAJORS AND ABOVE)  
 Birth Certificate Verified: Yes No YS YM YL AS AM AL AXL AXXL