NAPA LITTLE LEAGUE

PO BOX 2036 NAPA, CA 94558 (707) 257-2684
www.napalittleleague.org

APPLICATION TO PLAY

LEAGUE USE

LEAGUE NAME (Circle One) Napa National Napa American League Age: _____

LEVEL (Circle One) Rookies (6-8) Little League (8-12) (Major and Minor Divisions) Challenger

_____ _____ _____ _____/_____/_____
Check # Amt. Paid I have reviewed ALL documentation (Board Member Signature & DATE)

Sibling Option? If yes, provide players name: _____

_____ _____ Male / Female Date of Birth ____/____/____
Player First Name Player Last Name Mo Day Year

_____ _____ **YS YM YL AS AM AL AXL**
School of Attendance (Rookie Division Players ONLY) Team Name - Last Spring Season **CIRCLE JERSEY SIZE (Y = Youth, A = Adult)**

_____ _____ _____ _____
Player's Physical Address City Zip Player Contact Phone

_____ _____
Mother's Name Mother's Email (ALL UPPER CASE PLEASE)

_____ _____ _____ _____
Mother's Physical Address City Zip Mother's Phone

_____ _____
Father's Name Father's Email (ALL UPPER CASE PLEASE)

_____ _____ _____ _____
Father's Physical Address City Zip Father's Phone

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.

Please provide information about allergies or medical condition that the team should have in case of emergency.

I/we, the parent(s) of the above named candidate for a position on a Little League Team, hereby give my/our approval to participate in all Little League activities, including transportation to and from the activities. I/we know that participation in baseball may result in serious injuries and protective equipment does not prevent all injuries to players, and hereby waive, release, absolve, indemnify, and agree to hold harmless, Napa Little League, Little League Baseball, Inc. the organizers, sponsors, participants, and person 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 we received except for normal wear and tear.

I/we will furnish an original certified Birth Certificate, and any other documentation required by Little League Baseball, Inc. for the above named candidate to Napa Little League Officials

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