



## 2011 Registration Form



### PLAYER'S INFORMATION

Last Name	First Name	Middle Initial	Date of Birth
School Player Attends	Grade	Years of Baseball Experience	Age as of April 30th, 2011
Current Address	Apt. Number	City	State      Zip
List any medical conditions that your child's coach should be aware of.			

### PARENT / LEGAL GUARDIAN

Name	Email Address	Home Phone
Work Phone	Cell Phone	I am interest in assisting as: <input type="checkbox"/> Manager <input type="checkbox"/> Coach <input type="checkbox"/> Team Parent
Name	Email Address	Home Phone
Work Phone	Cell Phone	I am interest in assisting as: <input type="checkbox"/> Manager <input type="checkbox"/> Coach <input type="checkbox"/> Team Parent

### EMERGENCY CONTACT INFORMTION

Name	Relationship	Phone
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### PARENT SIGNATURE AND RELEASE OF LIABILITY

**THERE WILL BE NO REFUNDS AFTER FEBRUARY 8TH, 2011**

I/We the parents of the above named participant on a SKYLINE LITTLE LEAGUE team hereby give my/our approval to his/her participation in any and all activities during the current season. I/We assume all risks and hazards, incidental to such participation, including transportation to and from the activities; and I/We hereby waive, release, absolve, indemnify and agree to hold harmless SKYLINE LITTLE LEAGUE, the organizers, sponsors, supervisors, participants, coaches and any persons transporting my/our son/daughter except to extend and in the amount covered by accidental or liability insurance.

Be it known that I/We, the above parent or guardian of the above named player, do hereby give and grant unto any medical doctor or hospital, my consent and authorization to render such aid, treatment or care to said player as in judgment of said doctor or hospital, may be required, on an emergency basis, in the event said player should be injured or stricken ill while participating in a Skyline Little League activity. I/We do hereby grant my/our permission to have said player photographed at league games and functions during the current season by league photographer for any program/promotion purpose. I further accept full responsibility for all obligations, financial or other, which may result from injuries to my son/daughter while participating in the Santan National Little League program.

Parent /Guardian Signature	Date
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Division	League Age*	Registration Fee
<input type="checkbox"/> Tee Ball	4, 5, 6	\$75
<input type="checkbox"/> Coach Pitch	6 & 7	\$75
<input type="checkbox"/> Rookie	8	\$90
<input type="checkbox"/> Minors	9 & 10	\$125
<input type="checkbox"/> Majors	11 & 12	\$125
<input type="checkbox"/> Juniors	13, 14, 15	\$130

\* League Age is based on how old your child will be as of April 30th, 2011.

Please make checks payable to:

**Skyline Little League**  
**PO Box 13222**  
**Mesa, AZ 85216**

[www.Skylinelittleleague.com](http://www.Skylinelittleleague.com)

### LEAGUE USE ONLY

Division	Date	Cash/Check #	Amount
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