



NATICK LITTLE LEAGUE

Phone Line (Tape) 508-647-0467

www.NatickLL.org

****BIRTH CERTIFICATE is required**

Age/Grade (as of 4/30 current year) _____

Baseball _____ Softball _____ (Check one only)

REGISTRATION & APPLICATION 2009 SEASON

Registrations will be held at the
Cole School Recreation Department
179 Boden Lane as follows:

Saturday, January 24 2009 1pm -4pm
Saturday, February 14 2009 1pm – 4pm
Saturday, February 28 2009 1pm – 4pm
Saturday, March 14 2009 1pm - 4pm

Please "X" ONE

_____ 6 yr. – 12 yr	Baseball	\$60
_____ 13 yr - 16 yr.	Babe Ruth Baseball	\$70
_____ Grades 2-8	Girls Softball ALL	\$60

Max. cost per family - \$150

Please make check payable to Natick Little League

Total Due: \$ _____

Received By: _____

(PLEASE PRINT)

Name _____ School _____ Grade _____

Address _____ Birthdate _____ Male/Female (circle one)

Telephone _____ E-Mail _____

Parent(s)/Guardian(s) Name _____

Participant did [] did not [] play baseball in Natick last year.

If yes: Team _____ League _____ Coach _____

Is parent interested in coaching or assisting? Yes No Age Level _____

Do you wish to sponsor a team? Yes No

I, the parent or guardian of the above-named participant, who is a candidate for a position on a Natick Little League team, hereby gives my approval to his/her participation in any and all of the activities of the Little League during the current season. I assume all risk and hazards incidental to the conduct of the activities and transportation to and from the activities. I do further hereby release, absolve, indemnify and hold harmless the Natick Little League and Babe Ruth Baseball, the organizers, sponsors, and the supervisors, any or all of them. In case of injury to my child, I hereby waive all claims against the organization, the sponsors or any of the supervisors appointed by them. I likewise release from responsibility any person transporting my child to the activities. ****A copy of a certified birth certificate of the above-named candidate is required, before any player will be placed or rostered to a team.**

Please state any known disability or infirmity of the participant: _____

Signature (Parent/Guardian): X _____