



PLAYER APPLICATION

North Valley Little League, P.O. Box 612653, San Jose CA 95161-2653

Tel: (408) 729-8412 email: info@nvll.org

Season: _____ Spring Fall

PARENT/ GUARDIAN:

(Name of primary parent/guardian contact) (Street address where player lives with primary parent or guardian) (Zip)

(408) _____ () _____ () _____
(Primary home number to contact player) (Work phone) (Cell phone)

(Occupation) (Employer) (Email Address)

(Name of spouse or guardian) () _____ () _____ () _____
(Home # if different) (Work phone) (Cell phone)

(Occupation) (Employer) (Email Address)

How did you hear about us: Friend _____ Newspaper _____ Flyer _____ Website _____ Mailer _____ Email _____ Other _____

ADULT VOLUNTEERS: We need your help. Would you or anyone you know be interested in helping with your child's team?

Manager Team Coach Practice Coach Team Parent Interested need more info Unable to help

REQUIRED THREE PROOF OF RESIDENCIES: Document 1 <input type="checkbox"/> Document 2 <input type="checkbox"/> Document 3 <input type="checkbox"/>				Board fill in only	
PLAYER NAME 1: <input type="checkbox"/> New player <input type="checkbox"/> Male <input type="checkbox"/> Returning <input type="checkbox"/> Female				League Age	Registration fee: Early or Late fee:
<input type="checkbox"/> T-Ball: Boys/Girls 5-6 <input type="checkbox"/> Baseball: Boys/Girls 6-18 <input type="checkbox"/> Girls Softball	DOB: ____/____/____ mm dd yy	School:	Grade:	Age Document <input type="checkbox"/>	
Shirt Size: ____ YS YM YL AS AM AL XL XXL	Medical condition:	Medication:			Registration fee: Sibling discount -\$10: Early or Late fee:
Comments:					
PLAYER NAME 2: <input type="checkbox"/> New player <input type="checkbox"/> Male <input type="checkbox"/> Returning <input type="checkbox"/> Female				League Age	Registration fee: Early or Late fee:
<input type="checkbox"/> T-Ball: Boys/Girls 5-6 <input type="checkbox"/> Baseball: Boys/Girls 6-18 <input type="checkbox"/> Girls Softball	DOB: ____/____/____ mm dd yy	School:	Grade:	Age Document <input type="checkbox"/>	
Shirt Size: ____ YS YM YL AS AM AL XL XXL	Medical condition:	Medication:			Registration fee: Sibling discount -\$10: Early or Late fee:
Comments:					
PLAYER NAME 3: <input type="checkbox"/> New player <input type="checkbox"/> Male <input type="checkbox"/> Returning <input type="checkbox"/> Female				League Age	Registration fee: Early or Late fee:
<input type="checkbox"/> T-Ball: Boys/Girls 5-6 <input type="checkbox"/> Baseball: Boys/Girls 6-18 <input type="checkbox"/> Girls Softball	DOB: ____/____/____ mm dd yy	School:	Grade:	Age Document <input type="checkbox"/>	
Shirt Size: ____ YS YM YL AS AM AL XL XXL	Medical condition:	Medication:			Registration fee: Sibling discount -\$50: Early or Late fee:
Comments:					

MEDICAL RELEASE AUTHORIZATION: In case of emergency, I hereby authorize my child(ren) to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, E.R. Physician.)

Emergency

Contacts: _____ (Name) _____ (Phone) _____ (Relationship to player)

Family Physician: _____ Phone: _____ Medical Plan: _____

Total Due

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 child by number of any modification that would enable your child to participate:

WAIVER: I/We, the parents of the above named candidate for a position on a Little League team, hereby give my/our approval to participate in any and all 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 the local Little League, Little League Baseball, Inc., the organizers, sponsors, participants and persons 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.

REFUND POLICY OF THE REGISTRATION FEE: The registration fee is a donation towards the operation of NVLL. All other donations collected from fundraisers, sponsorships, etc...are not refundable. In order to receive a refund of the registration fee, the parent/guardian of a player must submit a letter to the Board requesting a refund and stating the reason why the player is resigning. No refunds will be processed without this letter. Amount of refund will be based on the following situations. A player who resigns, quits, dropped or is injured...

-Prior to the beginning of the regular playing season but before uniform is issued, a \$25 administrative fee will be charged and the remaining balance will be refunded.

-After the uniform has been issued and prior to the beginning of the regular playing season, 50% of the registration fee will be refunded.

-No refund of the registration fee will be refunded after the playing season has begun.

CHECK RETURN FEE: \$25

SCHOLARSHIP approval requires a copy of parent/guardian latest tax return for review.

Date

Signature of Parent or Guardian

Board fill in only	Amount Received	Board Signature	Payment by credit or debit card:
<input type="checkbox"/> Cash			<input type="checkbox"/> Visa Card#: _____
<input type="checkbox"/> Credit Card			<input type="checkbox"/> M/C Exp: _____
<input type="checkbox"/> Check #: _____		Scholarship Approval-Board Officer Signature	<input type="checkbox"/> AmEx Card holder Signature: _____

White - League copy

Yellow - Receipt