



# Melcher-Dallas Little League



## Player Registration – 2012 Season

**Who:** Girls ages 5-12 as of December 31<sup>st</sup>, 2011  
Boys ages 5-12 as of April 30<sup>th</sup>, 2012

**What:** Youth Baseball and Softball

**When:** Season will run April, May, and June 2012

**Why:** Be part of the largest organized youth sports program in the world. Youth Baseball/Softball can be one of the most memorable and beneficial activities in which a child participates in. Kids get a chance to play a game, improve skills, build teamwork, and gain valuable physical activity.

**How:** Register by Mail:  
Sandy Krpan  
Box 134  
Melcher, IA 50163  
Register in Person:  
Melcher-Dallas Elementary  
Friday, February 24th, 6-8pm  
(During PTO Family Fun Night)  
Questions? E-mail:  
MDLittleLeague@gmail.com

If your business or your employer is interested in sponsorship through signs or uniforms, please provide the following:

Business: \_\_\_\_\_

Contact Name: \_\_\_\_\_

E-mail and/or phone: \_\_\_\_\_

### Registration Fees:

Pee Wee League (ages 5-6) - \$35

Little League (ages 7-12) - \$45

Family Max - \$105

- Fees must accompany registration
- Make checks payable to: MD Little League
- A medical release form is required with each player registration and a volunteer form for each adult volunteer

**Registration deadline is March 9th.** Registrations not received by this date will have a \$15 late charge added.

**Player name:** \_\_\_\_\_

**Birth Date:** \_\_\_\_\_

**Gender:** Male    Female

**Shirt Size:** YS (6-8)    YM (10-12)    YL (14-16)    AS    AM    AL    AXL

**Parent #1**  
**Name:** \_\_\_\_\_

**Parent #2**  
**Name:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Volunteer: (Circle)**  
**Coach / Asst Coach / Umpire**  
**Shirt Size:** AS AM AL AXL A2XL A3XL A4XL

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- I/We, the parents/guardians of the above named player, hereby give my/our approval to participate in any and all Little League/ASA 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., ASA, the organizers, sponsors, supervisors, participants, volunteers, from any claim arising out of injury to my/our child whether the result of negligence or for any other cause.
- I/We will furnish a certified birth certificate of the above-named player to League Officials if necessary.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# Little League. Baseball and Softball M E D I C A L R E L E A S E



**NOTE:** To be carried by any Regular Season or Tournament Team Manager together with team roster or eligibility affidavit.

Player: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender (M/F): \_\_\_\_\_

Parent (s)/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Parent (s)/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Player's Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Country: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

### PARENT OR GUARDIAN AUTHORIZATION:

In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel. (i.e. EMT, First Responder, E.R. Physician)

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Country: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Parent Insurance Co: \_\_\_\_\_ Policy No.: \_\_\_\_\_ Group ID#: \_\_\_\_\_

League Insurance Co: \_\_\_\_\_ Policy No.: \_\_\_\_\_ League/Group ID#: \_\_\_\_\_

### If parent(s)/guardian cannot be reached in case of emergency, contact:

Name	Phone	Relationship to Player

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Please list any allergies/medical problems, including those requiring maintenance medication. (i.e. Diabetic, Asthma, Seizure Disorder)

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

Date of last Tetanus Toxoid Booster: \_\_\_\_\_

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

Mr./Mrs./Ms. \_\_\_\_\_  
Authorized Parent/Guardian Signature Date: \_\_\_\_\_

### FOR LEAGUE USE ONLY:

League Name: \_\_\_\_\_ League ID: \_\_\_\_\_

Division: \_\_\_\_\_ Team: \_\_\_\_\_ Date: \_\_\_\_\_

WARNING: PROTECTIVE EQUIPMENT CANNOT PREVENT ALL INJURIES A PLAYER MIGHT RECEIVE WHILE PARTICIPATING IN BASEBALL/SOFTBALL.  
Little League does not limit participation in its activities on the basis of disability, race, color, creed, national origin, gender, sexual preference or religious preference.