League Use Only
___ Birth Certificate (New)
___ Returning Player
___ Checked Address

LITTLE LEAGUE BASEBALL APPLICATION
BIG FLATS LITTLE LEAGUE, ID # 2320606
PO Box 235, Big Flats, NY 14814 ~ 2012 ~
www.bfllb.org

League Age 2012
_____

_____ _____ _____ _____ ____ _____
First name Last Name Street Address City St Zip

_____ _____ _____ _____ ___Male ___Female
Phone Number Alternate Phone Number School Grade

_____ _____ _____ _____
Date of Birth Age in Years on 4/30/2012 Email Address (please **print** legibly) Second Email Address

Circle Shirt Size: (*Tend to run one size small) **YM YL AS AM AL AXL AXXL**

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?
(CIRCLE ONE) Yes No. If "yes" Please explain below and identify any modification that would enable your child to participate.

_____

I/We the parent(s) of the above named candidate for a position on a Little League team, herby give my/our approval to participate in any and 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 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.
Note - League Insurance is secondary to your primary insurance. I/We agree to return the uniform and equipment issued to my/our child in as good condition as when it was received except for normal wear and tear. I/We will furnish a certified birth certificate and evidence of residence of the above named candidate to League Officials. I/we agree to work in the Concession Stand at least one night per child during the season (3 hours).

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

Print Both Parent or Guardians Names: _____
Little League Baseball does not limit participation in its activities on the basis of disability, race, creed, national origin, gender, sexual or religious preference.

Parents!!! **We need your help! Please check below any that you would be willing to work on: (Volunteer Form Required)**

_____ **Team Manager**
Name and Division _____

_____ **Team Assistant Coach**
Name and Division _____

_____ **Concession Stand Coordinator** (1 day a week for 7 weeks – Just get volunteers started & help volunteers close)
"We need help here". Coordinators do not go to board meetings – they just help one day a week.
Print Name: _____ Cell _____

_____ **Sponsor a Team: ($250)** Your family or business can sponsor your child's team. Sponsor Name on Shirts
Sponsor Name _____ Contact Name # _____

League Use Only: Funds Collected: $50 Registration Fee: Check One:

Total Paid For This Player: $ _____ **Circle** Cash or Check #_____ Received by _____ Date _____
Financial assistance is available if needed, please contact the Big Flats Little League President. Revised 01/30/12