



North Miami Little League, Inc. 2012 PLAYER APPLICATION



PLEASE CHECK LEVEL OF PLAY

<input type="checkbox"/> New Applicant <input type="checkbox"/> Returning Applicant	<input type="checkbox"/> Tee-Ball (Ages 5 & 6) <input type="checkbox"/> Coach Pitch (Ages 7 & 8) <input type="checkbox"/> Minor League (Ages 9 & 10)	<input type="checkbox"/> Major League (Ages 11 & 12) <input type="checkbox"/> Junior League (Ages 13 & 14) <input type="checkbox"/> Girls Softball (Ages 10 - 12)
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PLAYER INFORMATION – Please Print Clearly

Player's Name	LAST NAME	FIRST	MIDDLE
Address			Date of Birth (MM/DD/YYYY)
Address 2			
City & Zip			AGE
Home #			GENDER M F
School			GRADE
Shirt Size	<input type="checkbox"/> Child S M L XL	<input type="checkbox"/> Adult Pant Size	<input type="checkbox"/> Child <input type="checkbox"/> Adult S M L XL

PARENT INFORMATION – Please Print Clearly

Mother's Name	Father's Name
Home #	Home #
Cell #	Cell #
Work #	Work #
E-Mail	E-Mail
Occupation	Occupation
Able to Volunteer? <input type="checkbox"/> _____ <small>If checked, complete Volunteer Application</small>	Able to Volunteer? <input type="checkbox"/> _____ <small>If checked, complete Volunteer Application</small>

EMERGENCY CONTACTS – Please Print Clearly

Name	Phone #
Relationship to Player	
Name	Phone #
Relationship to Player	
Special Need/Concerns	

Print Name: _____ Relations to Player: _____

Signature: _____ Date: _____

*****League Use Only*****

Received by		Amount Pd		Method of Payment: <input type="checkbox"/> CASH
		Receipt #		<input type="checkbox"/> Check # _____ <input type="checkbox"/> Money Order
BIRTH CERT. <input type="checkbox"/> YES <input type="checkbox"/> NO	PARENT AUTHORIZED <input type="checkbox"/> YES <input type="checkbox"/> NO	MEDICAL RELEASE <input type="checkbox"/> YES <input type="checkbox"/> NO		PROOF OF RESIDENCY <input type="checkbox"/> YES <input type="checkbox"/> NO
				DATE



North Miami Little League, Inc.

PARENT/GUARDIAN AUTHORIZATION

Player's Name:		Date of Birth (MM/DD/YYYY)	
Parent/Guardian		Phone Number	

As parent/guardian of the above-named player, I hereby give my approval for his/her participation in all activities of the North Miami Little League. I assume all risk and hazards incidental to such participation including all transportation to and from the activities, and do hereby waive, release, absolve, indemnify and agree to hold harmless the North Miami Little League, and any and all officers, directors, managers, coaches, participants and any and all persons transporting the player to and from activities, from any and all claims arisen out of an injury to the player, except to the extent and in the amount covered by the accident and/or liability insurance carried by this League. I also hereby authorize and grant permission to managing personnel, or any other League representative, to obtain medical care from any licensed physician, hospital or medical clinic should the player become ill or injured while participating in all League activities while away from or at any other time when a parent/guardian is not available to grant authorization for emergency treatment.

I hereby state that the player named above has no physical or mental illness, injury or condition that would prevent his/her participation in any and all North Miami Little League activities upon request.

I agree to allow pictures of my child to be used in newspapers, displays, website, films, television presentations or training and recruitment etc. Upon request, I agree to return the uniform and other equipment issued to the player in as good condition received, except for normal wear. I agree to accept the North Miami Little League Policies and Procedures.

I UNDERSTAND AND AGREE THAT I WILL PARTICIPATE AND DEVOTE TIME AND EFFORT FOR THE BETTERMENT OF THE NORTH MIAMI LITTLE LEAGUE PROGRAM, AND I WILL VOLUNTEER FOR AT LEAST ONE ACTIVITY.

I further state that all information given above is true and correct, and that I will abide by all agreements listed above.

Print Name: _____ Relations to Player: _____

Signature: _____ Date: _____

Family Physician: _____ Telephone Number: _____

**THIS FORM MUST BE COMPLETED AND RETURNED BEFORE
PLAYER MAY BE ELIGIBLE TO PRACTICE/PLAY**