

Walnut Cove Little League Registration Form

2012 Spring Registration

www.walnutcovelittleleague.com

Application Deadline: March 17, 2012

PLAYER'S INFORMATION

Name: _____	Prefers to be called: _____	
Home Phone: _____	Street Address: _____	
Date of Birth: _____ Age: _____	City, State, ZIP: _____	
Grade: _____ Gender: _____	School attending: _____	
Doctor: _____	Doctor's Phone: _____	
Allergies: _____	Emergency Contact: _____	Name/Ph#: _____
	Emergency Contact: _____	Name/Ph#: _____

PARENTS' INFORMATION

Mothers Name: _____	Cell Phone No: _____	Text Msg OK? _____
Father's Name: _____	Cell Phone No: _____	Text Msg OK? _____
Email Address: _____		

UNIFORMS *(circle shirt size needed)*

PLAYER Shirt Size **YOUTH:** YS(6-8) YM(10-12) YL(14-16) **ADULT** **S** **M** **L** **XL** **2XL** **3XL**

***** Gray pants must be worn, and are provided by the player**** Caps, Shirts, and Socks are provided by the League*

PARENT Team Shirts (\$15 ea)	Qty: _____	Size(s) _____	Parent Team Hats (\$12 ea)	Qty: _____
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All orders must be prepaid; no late orders will be placed!

FEES FOR LITTLE LEAGUE Spring 2012 *(circle division signing up for)*

T-Ball \$65	Machine Pitch \$65	Minors/Majors \$85	Juniors/Seniors \$90	Big League \$95
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NOTE: First/second child = full price fees
Third child = half price
Fourth child or more = free

Registration will not be accepted without payment
A \$10 late fee will apply for any
registration received after March 17, 2012

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 baseball /softball activities, including transportation to and from activities and their pictures on the league's website. I/We know that participation in baseball/softball may result in serious injuries and protective equipment does not prevent all injuries to players and do hereby waive, release, absolve indemnity and agree to hold harmless the Walnut Cove Little League, the organizers, coaches, sponsors, participants and volunteers for any claim arising out of any injury to my/our child whether the result of negligence or from any other cause, except to the extent and in the amount covered by accident or liability insurance. I/We agree to return upon request the equipment issued to my/our child in the same condition as when received except for normal wear and tear. I understand that there will be a **\$25.00 returned check fee** for all checks returned to the Walnut Cove Little League on my behalf.

Parent/Guardian Signature: _____ Date: _____

Name of Family Ins. Plan _____ Policyholder: _____

Policy No.: _____

Please circle any of the following that you may be interested in volunteering for:

Coach Asst. Coach Team Parent Concessions Umpire Board Member

Walnut Cove Little League Use Only

Date: _____ Receiving Board Member _____

Amount Paid: _____ Cash _____ Check _____ Chk No. _____

Mail this completed form and payment to:

Walnut Cove Little League, PO Box 346, Walnut Cove, NC 27052