

Northwest Downey Little League Winter Baseball Application

Winter Baseball will be up to 10 weeks in length. There will be one game per week played on Sunday from September 12, 2010 to November 14, 2010. Games will be scheduled for either 12:00 noon or 2:30 p.m.

Participant's Name: _____ Birth Date: _____
 Address: _____ City _____ Zip Code: _____
 Phone: _____ Played 2010 Season: Div. ____ Team _____

Age Player will be as of May 1, 2011: _____ Uniform Size YS YM YL AS AM AL AXL AXXL (circle one)

Division participant will be playing in during the Winter Season (Please circle one):

Juniors – (Ages 14, 13) Majors – (Ages 12, 11) AAA – (Ages 10, 9, 8) AA – (8, 7) (if enough player/coach interest)

If you are interested in volunteering to Manage or Coach a team please fill your name in on the line and check the appropriate boxes:

MANAGER: _____ COACH: _____

<p><input type="checkbox"/> Juniors</p> <p><input type="checkbox"/> Majors</p> <p><input type="checkbox"/> AAA</p> <p><input type="checkbox"/> AA</p>	Or	<p><input type="checkbox"/> Juniors</p> <p><input type="checkbox"/> Majors</p> <p><input type="checkbox"/> AAA</p> <p><input type="checkbox"/> AA</p>
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Emergency Information

In any accident or emergency involving your child, Northwest Downey Little League places his or her welfare above all other considerations. To be able to contact the parents and/or family physician immediately is important. You can help your child and us by supplying the following information:

<p>Father Name: _____</p> <p>Address: _____</p> <p>Phone: _____</p> <p>Employer: _____</p> <p>Work Phone: _____</p>	<p>Mother Name: _____</p> <p>Address: _____</p> <p>Phone: _____</p> <p>Employer: _____</p> <p>Work Phone: _____</p>
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In case of emergency and the above parents/guardians are not available please list two closest relatives or friends that can be contacted.

Name: _____	Phone: _____
Name: _____	Phone: _____

Emergency Medical and Liability Release

This is to certify that I, parent/guardian of _____, a player in the Northwest Downey Little League, hereby grant permission to my child's adult manager or coach to obtain medical care from any licensed physician, hospital or medical clinic for the player named herein at such time as either parent, legal guardian, or listed relative or friend cannot be contacted in person or by telephone. This authorization shall include all league activities, including the period required to travel to and from those activities, and we do hereby waive, release, absolve, indemnity, and agree to hold harmless Northwest Downey Little League, Little League Baseball, Inc., the organizers, supervisors, board of directors, participants, and persons transporting the player to and from those activities, for any claims arising out of injury to the player.

Family Physician: _____	Phone: _____
Medical Insurance Carrier _____	Policy Number _____

Parent or Guardian Signature Authorization for Medical Treatment and Liability Release: _____

Registration begins now. Sign up early to assure your spot. Application Fee is \$45 and must be received by August 22, 2010. Checks can be made payable to NWDLL. Please mail application to NWDLL, P.O. Box 874, Downey, CA 90241. For additional information or questions regarding Winter Baseball please contact James Veloff at (562) 861-2696 or jveloff@yahoo.com.