


MAIL TO: RANCHO MISSION VIEJO LITTLE LEAGUE; 25108 MARGUERITE PKWY; PMB 265; MISSION VIEJO, CA 92692

	2010 Rancho Mission Viejo Little League Application WINTER BALL		FEE \$85		LEAGUE USE	
					<input type="checkbox"/> Proof of Residence	<input type="checkbox"/> Birth Certificate
					League Age:	Check #:
					Division:	Cash:
PLAYER INFORMATION						
Players First Name:		Players Last Name:		Birthdate:	School	
Street Address:			City:	Zip Code:	Home Phone:	
Division Played in Spring 2010:			Requested Division for Winterball:			
<input type="radio"/> T-Ball <input type="radio"/> Coach Pitch <input type="radio"/> A <input type="radio"/> AA <input type="radio"/> AAA <input type="radio"/> Majors <input type="radio"/> Juniors <input type="radio"/> None			Interleague – Administered by RMVLL		Competitive – Administered by District68	
			<input type="radio"/> A <input type="radio"/> AA <input type="radio"/> AAA <input type="radio"/> Majors		<input type="radio"/> 10U <input type="radio"/> 11U <input type="radio"/> 12U <input type="radio"/> 13U <input type="radio"/> 14U	
PARENT INFORMATION						
Parent 1 First Name:		Parent 1 Last Name:		E-Mail Address:		Cell Phone:
Parent 2 First Name:		Parent 2 Last Name:		E-Mail Address:		Cell Phone:
I would like to apply to be a Manager or Coach:						

PARENT’S PERMISSION AND EMERGENCY MEDICAL FORM

I/We, the parent(s) or guardian(s) of the above-named child hereby gives my/our permission for participation in any and all of the activities of Little League Baseball during the current season. I/We assume all risks and hazards incidental to the conduct of the activities and transportation to and from the activities. I/We do further hereby release, absolve, indemnify and hold harmless Little League Baseball, Inc.; the organizers, sponsors, directors and supervisors, any or all of them. In case of injury to my child, I/We hereby waive all claims against the organizers, sponsors, directors, or any supervisor appointed by them.

I/We the undersigned parents or legal guardians of _____ a minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical, or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the Medicine Practices Act or a dentist licensed under the provisions of the Dental Practice Act and on the staff of any general hospital holding a current license to operate a hospital from the State of California Department of Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power to render care which the aforementioned physician, in the exercise of his/her best judgment, may deem advisable. It is understood that efforts shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above-mentioned treatments will not be withheld if the undersigned cannot be reached. A copy of this release may be used in lieu of the original.

MEDICAL INFORMATION	
ALLERGIES/other important information relating to player’s health:	Physical or Mental Limitations:
Name of Emergency Contact:	Phone Number:
Physician’s Name:	Insurance Carrier:
Phone Number:	

Parent or Legal Guardian (Print Name) : _____

Signature: _____ **Date:** _____