

2012 Rancho Mission Viejo Little League Application

25108 Marguerite Parkway P.O. Box 265 Mission Viejo, CA. 92692

Player Information

(Player must be age 4 by April 30, 2012)

Player's First Name:	Player's Last Name:	M/F:	Birthdate:	Home Phone:	School:
Street Address:		City:		Zip Code:	Jersey Size: Include in the player directory: <input type="radio"/> Yes <input type="radio"/> No
Division Played Last Spring: <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"/> Major <input type="radio"/> Junior <input type="radio"/> Senior <input type="radio"/> None <input type="radio"/> Challenger		Requested Division for Spring 2012 season. Typical player ages are listed for each Division. All players will be selected to a team; however, there is no guarantee player will be selected for the requested Division. <input type="radio"/> T-Ball (League Age 4-5) <input type="radio"/> Coach Pitch (League Age 5-6) <input type="radio"/> A (League Age 7-8) <input type="radio"/> AA (League Age 8-10) <input type="radio"/> AAA (League Age 9-11) <input type="radio"/> Major (League Age 11-12) <input type="radio"/> Junior (League Age 13-14) <input type="radio"/> Senior (League Age 15-16) <input type="radio"/> Big League (League Age 17-18) <input type="radio"/> Challenger			

Parent Information

Parent 1 First Name:	Parent 1 Last Name:	Parent 1 E-Mail Address:	Cell Phone:
Parent 2 First Name:	Parent 2 Last Name:	Parent 2 E-Mail Address:	Cell Phone:

Volunteering: RMVLL is an all volunteer organization. Parents are required to work one shift per child in our snack bar. For those parents not interested in working in the snack bar, the option exists **at the time of registration only, to buyout your shift for \$50.** In addition to your snack bar commitment, please **select one or more of the below roles to volunteer.**

- Manager Coach Umpire Team Sponsorship Team Parent
 Snack Bar Operations Scorekeeper Auxiliary (Opening/Closing/Picture Day) Post Season Tournament

Registration Fees

Registration Fees reflect \$35 discount if registering by 11/19/11	Total Amount Due	RMVLL Administrative Use Only	
League Age 4-6: \$85	Registration Fees: \$	<input type="checkbox"/> Proof of Residence	Amount Paid:
League Age 7-9: \$165	Add \$50 if optional snack bar buyout: \$	<input type="checkbox"/> Birth Certificate	Check #:
League Age 10-18: \$195	Add \$35 if late registration after 11/19 : \$	League Age:	Cash:
Challenger or 3 rd Player: \$50	Total Amount Due: \$_____		

PARENT'S PERMISSION AND EMERGENCY MEDICAL FORM

I, the undersigned parent or guardian of the above-named child, hereby give my permission for participation in any and all of the activities of Little League Baseball. I assume all risks and hazards incidental to the conduct of the activities and transportation to and from the activities. I 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 hereby waive all claims against the organizers, sponsors, directors, or any supervisor appointed by them. I 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 information relating to minor's health:	Physical or Mental Impairment:
Name of Emergency Contact:	Phone Number:
Physician's Name and Phone Number:	Insurance Carrier:

Parent or Legal Guardian (Print Name): _____

Signature: _____ Date: _____