CENTENNIAL LAKES LITTLE LEAGUE

Date of Application _____

APPLICATION TO PLAY

FATHER	MOTHER
First Name _____	First Name _____
Last Name _____	Last Name _____
Address _____ZIP_____	Address _____ZIP_____
Phone H_____ W_____	Phone H_____ W_____
E-Mail Address _____	E-Mail Address _____

Player Address: Same As _____Father _____Mother _____Both _____Different * If Different Please List On Back*

PLAYER(S) INFORMATION

LEAGUE / AGE GROUP	PLAYER(S) NAME	SEX	BIRTH DATE	VFY INT	AGE AS OF 7/31/04	FEE
COED						
T-BALL **Age 5** (CoEd)						$ 60.00
COACH PITCH BB **Age 6 (Coed)**						$ 70.00
BASEBALL						
COACH PITCH BB **Age 7& 8**						$ 80.00
MINOR BASEBALL. **Age 9&10**						$ 100.00
MAJOR BASEBALL **Age 11&12**						$ 130.00
NATIONAL MAJOR BB **Age 11&12**						$ 130.00*
SOFTBALL						
COACH PITCH SB **Age 7&8**						$ 80.00
MINOR SOFT BALL **Age 9&10**						$ 100.00
MAJOR SOFT BALL **Age 11& 12 (**AGE10**)**						$ 130.00
SENIOR SOFT BALL **Age 13-18**						$ 130.00

TRAVELING SOFT BALL** AGE AS OF 01/01/04

10 and Under SILVER BULLET						$125.00*
12 and Under SILVER BULLET						$145.00*
14 and Under SILVER BULLET						$145.00*
16 and Under SILVER BULLET						$145.00*
18 and Under SILVER BULLET						$145.00*

* $30.00 TRAVELING FEE WILL BE COLLECTED AT UNIFORM HANDOUT
** OPTIONAL, PARENT MUST REQUEST PLAYER TO PLAY UP

PLEASE READ BEFORE SIGNING I/We, the parents of the above named candidate(s) for position on a Little League team, hereby give my/our approval to participate in any and all Little League activities including transportation to and from the activities. I/We know that participation in Baseball or Softball may result in serious injuries and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify and agree to hold harmless the local Little League, Little League Baseball Incorporated, the organizers, sponsors, supervisors, participants and persons transporting my/our child to and from activities for any claim arising out of injury to my/our child whether the result of negligence or for any other cause. I/We agree that our child (candidate) may be required to try out for a team. I/We will furnish a certified birth certificate for the above named candidate(s) to League Officials.

Please list medical plan and any physical limitations:

Fee will be refunded upon completion of volunteer duties. See volunteer table for options.

Name of school attended:

Parent(s) or Guardian Signature(s):

FEE SUBTOTAL	$
$10 Late Fee (Charged after 2/10/2004)	$
3 RD CHILD DISCOUNT	$
VOLUNTEER FEE(S) p **DONATE TO LEAGUE**	$ **30.00**
OFFICE USE	$
TOTAL FEE	$

---------- **FOR OFFICE USE** ----------

p Liability Release p Fee Paid: Amount: $_____ p Cash p Check
p Temporary Registration p Check No._____
p Name on Check:_____

Little League does not limit participation in its activities on the basis of disability, race, color, creed, national origin, gender or religious preference.