



Winston-Salem National Little League

2010 Spring Baseball/Softball Application

League Use ONLY - DO NOT write Record
Paid AMT
Check # Cash Online
DOB In District New Age
Date Initials Input Date

Applicant Name Last, First, Middle Baseball Softball TeeBall

Birth date (mm/dd/yyyy) Current School Grade

Home Address (Street, City, Zip)

Home Phone Primary Email

Shirt Size: YS YM YL AS AM AL

Returning Player from Spring 2009 Division Team
Played for a different League Spring 2009 League Division

Will play other sports during the Spring baseball season:

Names of siblings also registered to play:

Mother or Female Guardian:

Father or Male Guardian:

Name(print)

Name(print):

Home Phone

Home Phone

Cell #

Cell #

eMail

eMail

Employer

Employer

Position

Position

Work Phone ()

Work Phone ()

Comments:

To register for Spring Baseball/Softball at WSNLL

- 1. For each player, fill out this application OR complete the online form at: www.wsnll.org >Registration
2. Mail this completed Application or a copy of the completed Online Application along with

Payment before February 6 (\$10 late fee after 2-6-10) to:

WSNLL, P.O. Box 24393, Winston-Salem, NC 27114

PAYMENT: Determine league age as of April 30, 2010 for little league BB, and Dec 31, 2009 for girls softball.

Spring Fees: Tball (ages 5-6) \$105; Players Ages 7-8 \$115; Players Ages 9-16 \$125;

\$10 discount for each additional sibling playing

Please pay by: a) Check (make checks payable to: WSNLL) Check # (amount)

b) Cash (amt) c) Credit Card Online (amt) OR

d) Request Scholarship Application (indicate with X)

Problems or Questions? Send email to apply@wsnll.org

Please complete the back page and Sign ->

Permission Form

Player Applicant Name: _____

PLEASE: Read items No. 1 - 7 below, **place a check** on the line provided indicating your acceptance and **sign** below:

1. I/We the parent(s) or guardian(s) of the above named applicant for a position on a Winston-Salem National Little League baseball team, hereby give my/our permission for his/her participation in any and all Little League activities.

I/We assume all risks and hazards incidental to such participation including transportation to and from activities..

2. I/We certify that the above named applicant has no physical or other ailment or conditions that indicate my/our applicant should not participate as a full time, active participant in the WSNLL program.

3. I/We understand and agree that the WSNLL reserves the right, if needed, to require a physical examination by a licensed physician certifying that the above named applicant is physically able to participate before becoming active in Little League activities.

4. I/We agree to review and adhere to the "Winston-Salem National Little League Code of Conduct for Players and Spectators".

5. Upon request of WSNLL officials, I/We will furnish a certified birth certificate and proof of residency for the above named applicant

6. I/We agree that the above named applicant will play on the team to which he/she has been drafted. League age is determined as of April 30, 2010 for baseball and December 31, 2009 for softball.

7. I/we give our permission for photographs, film, or videotape recordings to be taken of our child during sporting activities. I/We understand that these may be used by the news media or in publications and/or programs for board officials, parents, or the general public.

8. I/we hereby waive, release, absolve, indemnify and agree to hold harmless the WSNLL, the Board of Directors of the WSNLL, the organizers, supervisors, coaches and participants from any and all claims for injury arising out of my/our applicant's participation in baseball and/or softball.

9. I/we hereby agree to waive, release, absolve, indemnify, and hold harmless the WSNLL, the Board of Directors of the WSNLL, the organizers, supervisors, coaches and participants from any and all injuries including property damages to any automobile arising out of any contact with a baseball/softball.

WSNLL is a Volunteer Organization. Your participation in some area of the League is essential for its success.

YES! I would like to Volunteer my time to help the WSNLL:

- | | | |
|--|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Manager/Coach | <input type="checkbox"/> Team Parent | <input type="checkbox"/> Scorekeeper |
| <input type="checkbox"/> Umpire | <input type="checkbox"/> Field Crew | <input type="checkbox"/> Concessions |
| <input type="checkbox"/> Sponsor | | |

Mother or Female Guardian's Signature

Date _____

Father or Male Guardian's Signature

Date _____