



South Boise Little League 2010 Registration

Registration fee is **\$70.00** for first child, 2nd child \$60.00 and each additional child in household is \$30.00. Fees collected are used to pay for Uniforms, Team Equipment, End of Season Awards and Field Maintenance. Parents are responsible for each Child's Pants, Socks, Belt and Glove. **INSTRUCTIONS:** Mail completed form with **payment** and copy of **Birth Certificate** to the following address: South Boise Little League, P.O. BOX 190046 Boise, ID. 83719-0046. If you have any questions call - 949-4260

Childs age as of April 30th, 2010 _____ BASEBALL M F New Player
 Childs age as of December 31st, 2009 _____ SOFTBALL M F Returning Player

PLAYER INFORMATION

Player's Name:		Phone:		Birth Date:	
Street Address:		City:		State:	Zip:
Previous Team/League:	School:	Jersey #: 1 st	2 nd	Jersey Size:	

Mother's Name:		Home Phone: ()		Cell Phone: ()	
Street Address:		City:		State:	Zip:
Email Address:		Email Address (2)			

Father's Name:		Home Phone: ()		Cell Phone: ()	
Street Address:		City:		State:	Zip:
Email Address:		Email Address (2)			

New Players:	Referred by:
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In an emergency when parent/guardian cannot be reached, please contact the following:

Name:	Home Phone: ()	Cell Phone: ()
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Signed: _____ Relationship: _____ Date: _____

MANDATORY ADULT PARTICIPATION

Please circle all areas of interest. You will be asked to help out.

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|-----------------|------------------------|---------------------------------|----------------------------|
| Head coach | Pitch Count (baseball) | Board Member | Umpire (training provided) |
| Assistant Coach | Team Parent | Concessions (Liberty Park) | |
| Field Prep | Player Agent | Scorekeeper (training provided) | |

PARENT'S PERMISSION: I request that the South Boise Little League allow my child, _____ to participate in the baseball/softball program. I agree that the above named association and/or its officers, board members, coaches, or anyone representing the above named association will not be held liable or responsible for any injury to my child while participating in the above referenced program. I understand that insurance coverage, either primary or secondary, is not required to be provided by the South Boise Little League. I agree that insurance coverage for my child will be my responsibility.

Signed: _____ Relationship: _____ Date: _____

League Use Only:	League Official	Amount Paid: _____	Cash _____ Check # _____	Birth Certificate _____
Date Received: _____	Initial _____			