

Plymouth New Hope Junior/Senior Travel League

2012 Registration Form

EVERY PITCH – EVERY PLAY

DIVISION PREFERENCE

Fees include a \$10/player City of Plymouth mandated cost recovery fee.

Junior League (\$175)
Ages 13-14

Senior League (\$175)
Ages 15-16

PLAYER INFORMATION

Age as of 4/30/11: _____
 Birth Date: _____
 Player's Name: _____
 Address: _____
 City/State/Zip: _____

PARENT/GUARDIAN CONTACT INFORMATION

PRIMARY

SECONDARY

Name		Name	
Primary Phone		Primary Phone	
Alternate Phone		Alternate Phone	
Email		Email	

DISCLAIMERS

I/We the parents or guardians of a participant in the Plymouth/New Hope Little League program, do hereby give my/our approval and consent to the administration of first aid to my/our child participating in the program in the event of injury during any game or practice.

I/We assume all risks incidental to such first aid treatment, and do hereby waive, release, and agree to hold harmless the board members, organizers, sponsors, coaches, supervisors and participants for any claims arising out of the treatment of such injury to my/our child.

If medical treatment is required at any hospital, doctor's office, or any other emergency treatment facility in addition to the above, and I/We, the parents or guardians, are not at the game or practice, I/We consent to such treatment of my/our child as may be deemed necessary by a physician. If I/We are unable to be at any game or practice, the coach will be given a phone number and place where I/We can be reached in case of any emergency.

If my/our child has any type of health problem, I/We will give this information to the coach at the beginning of the current season.

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

hereby waive, release, absolve, indemnify, and agree to hold harmless the board members, organizers, sponsors, coaches, supervisors, and participants for any claim arising out of an injury to my/our child, except to the extent and in the amount covered by any accident or liability insurance, or any other applicable insurance coverage.

I/We agree to return, upon request, the uniform and other equipment issued to our child in as good condition as when received except for normal wear and tear. If not returned, I/We assume financial responsibility for the value of that equipment. I/We understand no refunds will be made after uniforms are issued.

I/We will furnish a certified birth certificate of the above named candidate upon request of League Officials. Participants misstating their age will be dropped from the program for the season.

I/We the parents or guardians of a participant in the program hereby give my/our permission to use my/our names, addresses, phone numbers, etc. for any program related business including team rosters.

I/We the parents or guardians of a participant in the program hereby agree to the terms and conditions stated above concerning my/our child and program. This agreement shall continue in effect so long as the named participant participates in any program activities.

Parent/Guardian's Signature

Date

Send Completed Registration forms to: PNHLL c/o Pam Segal 5090 Ximines Ln N Plymouth, MN 55442