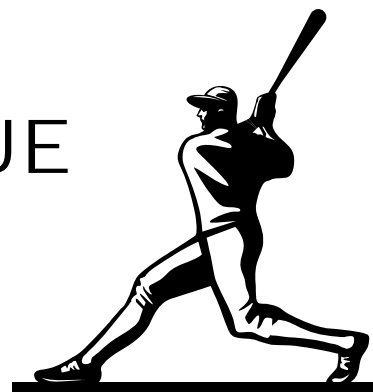


DANVERS AMERICAN  
LITTLE LEAGUE PRESENTS

FALL

BASEBALL LEAGUE

2009



The Danvers American Little League will once again offer a fall instructional baseball league this year in order to continue to develop the skills of DALL players. Skills that will be worked on during these games include fielding different positions, pitching, catching, throwing, baserunning, etc. Games will take place Saturday mornings in the fall (Sundays will be rain dates). There will be no practices. This league will be a relaxed fall league atmosphere where player development and fun are emphasized. Umpires will be provided for the games.

**DATES:** \*Saturdays, September 12, 2009 through October 31, 2009  
(no games October 10, 2009 for Columbus Day Weekend)

\*Sunday Mornings will serve as rain dates

**TIMES:** \*Mornings, exact times TBA

**AGES:** \***2009 Little League Levels:**

Majors (10's and 11's), AAA, Minor A

This current spring 2009 league, NOT the future 2010 league

**COST:** \$35 per participant



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**PLEASE FILL OUT REGISTRATION FORM ON THE BACK OF THIS SHEET**

Any questions, please email Tim Creamer at: [coachcream@yahoo.com](mailto:coachcream@yahoo.com).



**DANVERS AMERICAN LITTLE LEAGUE  
2009 FALL BASEBALL LEAGUE - PLAYER REGISTRATION FORM**

Player's Name:		Player's Birthdate:    /    /
Address:	Town: Must Be <b>DANVERS</b>	Home Phone:
Parent/Guardian's Name & Work/Cell Phone:		
Parent/Guardian's Name & Work/Cell Phone:		
E-Mail Address(es):		
Player's Age on <b>April 30, 2009</b> :		
*No Players that were LL age 12 for the 2009 season		
Please describe any known limitations (mental or physical conditions) that might impede the Player's ability to play baseball that the Manager of the Player's team should be aware. This information will be kept confidential.		
Player's Physician:	Physician's Phone:	
Player's Health Insurance Co.:	Policy Number:	
I hereby permit my above named son, daughter, or ward to participate in Danvers American Little League's FALL BASEBALL LEAGUE in 2009. In the event that emergency medical attention becomes necessary and I am not present, Danvers American Little League is authorized to seek medical assistance for my above named child.		
Print Parent/Guardian's Name: _____ Circle one: Parent    Guardian		
Signature: _____ Date: _____		
Registration Fee: <b>\$35 for all players</b>		
Please return this form along with a check for the registration fee made payable to <b>DANVERS AMERICAN LITTLE LEAGUE</b> to:		
Danvers American Little League P.O. Box 216 Danvers, MA 01923		
<b>For League Use:</b>	<input type="checkbox"/> <b>Paid</b>	<input type="checkbox"/> <b>Not Paid</b>
		<b>2009 Little League Age:</b>