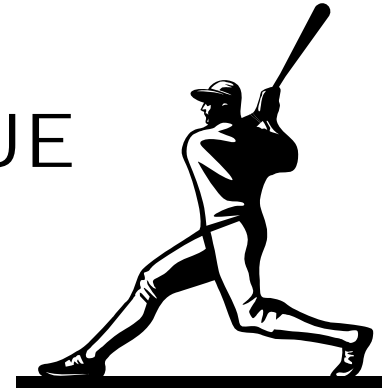


DANVERS AMERICAN
LITTLE LEAGUE PRESENTS

FALL

BASEBALL LEAGUE

2010



The Danvers American Little League will once again offer a fall 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 or for additional games). 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 11, 2010 through October 30, 2009
(no games October 9, 2010 for Columbus Day Weekend)
*There may be additional Sunday game – TBD.



TIMES: *Mornings, exact times TBA

AGES: This is being offered to Little League Age groups 8 thru 11. It is based upon the Little League age from this past 2010 Spring season. Team sizes and formation, dependent upon number or registrations.

COST: \$30 per participant

PLEASE FILL OUT REGISTRATION FORM ON THE BACK OF THIS SHEET

And mail or drop off to:

**Robert Burnett
2A Dodge Court
Danvers, MA 01923**

Any questions, please email us at info@danversamerican.org

**DANVERS AMERICAN LITTLE LEAGUE
2010 FALL BASEBALL LEAGUE - PLAYER REGISTRATION FORM**

Player's Name:		Player's Birthdate: / /
Address:	Town: Must Be DANVERS	Home Phone:
Parent/Guardian's Name & Work/Cell Phone:		
Parent/Guardian's Name & Work/Cell Phone:		
E-Mail Address(es):		
Player's Age on April 30, 2010 :		
*No Players that were LL age 12 for the 2010 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 2010. 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: \$30 for all players		
Please return this form along with a check for the registration fee made payable to DANVERS AMERICAN LITTLE LEAGUE to:		
Robert Burnett 2A Dodge Court Danvers, MA 01923		
For League Use: <input type="checkbox"/> Paid <input type="checkbox"/> Not Paid		2010 Little League Age: