

**DANVERS AMERICAN LITTLE LEAGUE
2010 PLAYER REGISTRATION FORM**

Players Name:		Player's Birthdate: / /	
Address:		Town:	
		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:		Player's Grade for 2009/2010 School Year:	
<p>Commitments: For the purposes of planning and team formation, we respectfully request that you list any other spring sports or commitments that MAY interfere with your child's ability for complete participation in the 2010 regular baseball season. Examples: AAU baseball, travel soccer, lacrosse.</p>			
<p>The size/structure of some divisions <u>occasionally</u> allow for, and/or require, <u>a small number</u> of players to be <u>eligible</u> to be assigned, based on a number of factors such as ability, grade, age, size, to the next division. Any player wishing <u>to be considered to be eligible</u> for this type of situation MUST attend their appropriate LL Age tryout and check the YES box below. (Example: Any player LLAge 10 or 11for 2010 wishing <u>to be considered</u> for Majors, MUST attend their tryout or the "make up" AND check the appropriate box below.) *Attending a Tryout/checking the box is NOT a guarantee this placement will occur.</p>			
<p>I would allow my child <u>to be considered</u> for the next division <u>if necessary</u>. <input type="checkbox"/> YES <input type="checkbox"/> NO</p>			
<p>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.</p>			
Player's Physician:		Physician's Phone:	
Player's Health Insurance Co.:		Policy Number:	
<p>I hereby permit my above named son, daughter, or ward to participate in Danvers American Little 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.</p>			
<p>Print Parent/Guardian's Name: _____ Circle one: Parent Guardian</p>			
<p>Signature: _____ Date: _____</p>			
<p>Registration Fee: Players Age 5 on April 30, 2010 \$50 (TBALL)</p> <p style="padding-left: 40px;">Players Age 6 or older on April 30, 2010 \$95 (Individuals at ALL other Divisions)</p> <p style="padding-left: 40px;">Family Maximum \$160</p> <p style="padding-left: 40px;">*Please add \$10 late fee for submissions after January 1, 2010</p> <p>Please return this form along with a copy of the player's Birth Certificate (for 1st time registrations), your volunteer forms, and a check for your registration fee made payable to DANVERS AMERICAN LITTLE LEAGUE to:</p> <p style="padding-left: 40px;">Danvers American Little League P.O. Box 216 Danvers, MA 01923</p>			
For League Use:		Little League Age:	
<input type="checkbox"/> Paid		<input type="checkbox"/> Not Paid	