



FOR LEAGUE USE ONLY

Fee: \$40.00

Paid (Circle One): YES NO

If NO, Why? \_\_\_\_\_

Check One: Cash\_\_\_\_ Check\_\_\_\_ Check # \_\_\_\_\_ Pay Pal\_\_\_\_\_

Division: \_\_\_\_\_ Team: \_\_\_\_\_

Child must play in division they will play in the following Spring season.

www.CommunityAthleticLeague.net

## 2010 Fall Ball Registration Form

### Terms and Conditions

-My child is in Good Physical Condition unless stated below.

-Registrations will not be accepted without payment.

-I/We understand that I/We are responsible to participate in all league fundraising activities.

-I/We will not bring any type of litigation against C.A.L. Inc.

-I/We will adhere to all park rules and regulations as outlined in the Parkland & Facility Usage permit issued by the town of Elsmere.

Participants Name: \_\_\_\_\_

Health Problems or Concerns: \_\_\_\_\_

I, the parent/guardian of the above registrant, have hereby read the Terms and Conditions above, and hereby agree to them and allow my child to participate in the baseball/softball season.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
League Official

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

### Player Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ H-Phone: \_\_\_\_\_

Siblings participating in the program? No\_\_\_\_ Yes\_\_\_\_ If yes, please list names: \_\_\_\_\_

### Parent/Guardian Information

Mother's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Emergency Contact Information

Contact Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alt. Number: \_\_\_\_\_

Shirt Size: YS YM YL YXL AS AM AL AXL AXXL

Hat Size: Youth Adult

**Each player will be given a hat and t-shirt**

Community Athletic League, Inc. www.CommunityAthleticLeague.net