



Dingman Delaware Little League
 PO Box 1075 Dingmans Ferry, PA 18328
 Telephone (570) 296-5337
www.ddlittleleague.net

BASEBALL & SOFTBALL REGISTRATION FORM

Registration Fee: \$90 for one, \$155 for two and \$195 for 3 or more children

Last Name: _____ First Name: _____ Male: ___ Female: ___
 Address: _____ Development: (if applicable) _____
 City: _____ State: _____ Zip Code: _____ Phone #: _____
 Email address: _____ Date of Birth: _____
 League Age - Baseball (as of April 30, 2010) _____
 League Age - Softball (as of December 31, 2009) _____
 Please Check One: Baseball: _____ Girls Softball: _____

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| _____ T-Ball ages 5 & 6 (\$65.00 Fee) | _____ Minor Softball ages 7 & 8 |
| _____ Minor B (Coach Pitch) ages 7 & 8 | _____ Minor Softball ages 9 & 10* |
| _____ Minor A (Kid Pitch) ages 9, 10 * | _____ Major Softball ages 11 & 12* |
| _____ Major ages 11 & 12 * | _____ Junior Softball ages 13 & 14* |
| _____ Jr League ages 13 & 14 | _____ Senior Softball ages 15 & 16 |
| _____ Senior League ages 15 & 16 | _____ Challenger ages 5-21 (\$25.00 Fee) |

**All players male and female ages 9 thru 12 will participate in an evaluation with dates to be determined.*

Participation in Little League Baseball requires the ability to run, throw, swing a bat and catch a ball. Additionally, participation requires the capacity to understand the rules of the game. Does your child have any condition that limits his/her ability to participate in this activity or have any medical condition the team should be aware of?
 _____ Yes _____ No If Yes, please explain: _____

I/We, the parent(s) of the above named candidate for a position on a little league team, hereby give my/our approval to participate in any and all little league activities, including transportation to and from the activities. (Initials _____)

I/We know that participation in baseball may result in serious injuries and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify and agree to hold harmless the local little league, Little League Baseball, Inc., the organizers, sponsors, participants and persons transporting my/our child to and from activities for any claim arising out of any injury to my/our child whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance. (Initials _____)

I/We agree to return upon request the uniform and other equipment issued to my/our child in good condition as when received except for normal wear and tear. (Initials _____)

I/We will furnish a copy of the participant's birth certificate to league officials. (New players only) (Initials _____)

The DDLL and/or Board of Directors reserve the right to take photos of your son/daughter for the sole purpose of publication on the league website and for publicity into the local newspaper throughout the 2010 season. Any objections to this clause will need to be submitted in writing with your child's application.

Parent(s) or Guardian(s) Signature: _____ Date: _____
 Parent(s) or Guardian (s) Printed Name: _____
 Name of Family Hospitalization Plan: _____
 Emergency Contact: _____ Phone: _____

Parent willing to be a League Volunteer (please indicate what you are willing to assist with): Manager, Assistant Coach, Committee member, Concession Volunteer, Other: _____
Deadline March 8, 2010 (\$10.00 late fee per child if received after that date)(Return check fee \$25.00)

League Use Only: # of Children: _____ Check #: _____ Amount \$: _____ Date: _____
