

Roosevelt-University-Greenlake Little League (WWW.RUGLL.ORG)

2008 Player Registration (Page 1 of 2) Registration Deadline: January 31st, 2008

(This form can be mailed during the registration period to: 9594 - 1st Ave NE #122, Seattle, WA 98115)

PLAYER Last Name: _____ First Name: _____ MI: _____

Date of Birth: / / Boy - age on April 30, 2008: _____ Girl - age on Dec. 31, 2007: _____

PLAYER Address: _____ Seattle, WA 98 _____

Home Ph # (____) _____ School: _____ Grade: _____

Last year played: RUG - team: _____ Other - League/Team: _____ Never played

PARENTS Last Name, First Name _____ Home Ph #: _____ Work/Cell Ph #: _____

A) _____ (____) _____ (____) _____

A) Email Address _____

B) _____ (____) _____ (____) _____

B) Email Address _____

Division:	Age:	5-6	7-8	9-12	13-16	Fee
T-Ball (boys and girls)						\$80
Coach/Mach Pitch (boys & girls)						\$80
Coach/Mach Pitch Girls Softball						\$80
Minor Baseball (boys & girls)						\$105
Minor Girls Fastpitch Softball						\$105
Major Baseball (boys & girls)						\$105
Major Girls Fastpitch Softball						\$105
Junior/Senior Baseball (boys & girls)						\$125
Junior/Senior Girls Fastpitch Softball						\$125

**The ages shown in the table are "typical."
Deviations may be requested by filling in the
Deviation Request box below**

- 6 yr olds can request Coach Pitch if they've had 1 year of T-Ball and have been evaluated as appropriate for that level.
- 7 yr olds can play T-ball if they've never played, and have been evaluated appropriate for that level.
- T-Ball is a single division for boys and girls. Coach/Machine Pitch and above have separate baseball and (girls only) softball divisions.
- 8 yr olds can play Minors if evaluated as having appropriate skills for that level.
- 9 to 12 yr olds are evaluated for skill level and placed on teams via Minors Draft and Majors Draft.
- 13 to 16 year olds are evaluated for skill level and placed on Junior or Senior team via draft, subject to space availability.

• **DEVIATION REQUEST – reason:** _____

Registration fees will not exceed \$210.00 maximum per family. In some divisions, Uniform Deposits may be required when uniforms are distributed. Uniform deposits are not subject to the family maximum. *In addition to paying the registration fee*, players aged 13 through 18 are required to participate in the Junior Umpire Program by attending an umpiring clinic and umpiring at least three Minor League games.

Make Checks Payable to: RUG Little League (One check may be used to pay all fees for multiple players)

If additional information is needed, contact: **RUGINFO@rugll.org**

Do Not Write Below This Line – This Section for League Use Only

BC Check: _____	Registration Fee: _____	Check No.: _____
League Age: _____	Family Cap Adj: (____) _____	Check Amt: \$ _____
Division: _____	Total Due: _____	Cash Pd: \$ _____
Team: _____	Amount Paid: (____) _____	RUG Initials: _____
Evaluation: _____	Balance Due: _____	<input type="checkbox"/> M1 <input type="checkbox"/> OV <input type="checkbox"/> M2 <input type="checkbox"/> GL
Notes: _____		<input type="checkbox"/> Mail-in # _____

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PARTICIPATION AND TEAM PLACEMENTS

- Players are expected to exhibit good sportsmanship and to abide by LEAGUE and team rules, including the RUG Code of Conduct.
- An original CERTIFIED BIRTH CERTIFICATE (not hospital or baptismal record). must be exhibited to R.U.G officials at registration, or prior to playing, to verify the player's age.
- Major, Junior, and Senior divisions, and all Tournament teams, are strictly on a try-out and/or selection basis. A limited number of places may be available, precluding placement of a player on such a team.
- Our child would like to be teamed with: _____
 - Check here if childcare, carpooling, or other circumstances REQUIRE that your child be teamed with another player. SUBMIT A SEPARATE STATEMENT describing those circumstances.

LIMITATION OF LIABILITY

I/WE UNDERSTAND THAT PARTICIPATION IN BASEBALL OR SOFTBALL MAY RESULT IN SERIOUS INJURIES AND THAT STANDARD PROTECTIVE EQUIPMENT DOES NOT PREVENT ALL INJURIES TO PLAYERS. I/WE DO HEREBY WAIVE, RELEASE AND AGREE TO HOLD HARMLESS LITTLE LEAGUE BASEBALL, INC., R.U.G. LITTLE LEAGUE, AND THEIR DIRECTORS, MEMBERS, MANAGERS/COACHES, VOLUNTEERS, AND PLAYERS, FROM ANY CLAIM ARISING OUT OF INJURY TO MY/OUR CHILD, WHETHER THE RESULT OF NEGLIGENCE OR ANY OTHER CAUSE, EXCEPT TO THE EXTENT COVERED BY COLLECTIBLE ACCIDENT OR LIABILITY INSURANCE.

I/WE UNDERSTAND and AGREE to all the provisions set forth on both sides of this registration form.

Signed: _____

Parent/Guardian printed name: _____ date

Signed: _____

Parent/Guardian printed name: _____ date

Little League is an All-Volunteer organization and parent help is needed to facilitate it. Please consider volunteering by offering your time and talent in one or more of the following ways: (check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Board Member | <input type="checkbox"/> Team Sponsor | <input type="checkbox"/> Division Commissioner |
| <input type="checkbox"/> Umpire | <input type="checkbox"/> Field Maintenance | |
| <input type="checkbox"/> Manager or Coach | <input type="checkbox"/> Team Parent | <input type="checkbox"/> Scorekeeping |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Sponsor Solicitor | <input type="checkbox"/> Jamboree, Hit-a-thon |
| <input type="checkbox"/> Uniforms | <input type="checkbox"/> Equipment Coordinator | |
| <input type="checkbox"/> Newsletter/Communications | <input type="checkbox"/> Web/Graphic Design | |
| <input type="checkbox"/> Other interests (describe) _____ | | |

If you have any questions about these tasks or ideas for improvement, contact: RUGINFO@rugll.com

Little League Baseball®

Medical Release

(To be carried by Regular Season or Tournament Team Manager
together with team roster or eligibility affidavit)

PARENTS: During the registration period, this form can be mailed to 9594 - 1st Ave NE #122, Seattle, WA 98115

PLAYER: _____ DATE OF BIRTH: _____

LEAGUE NAME: Roosevelt-University-Greenlake L. L. LEAGUE ID #: 4470814

In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel. (I.e. EMT, First Responder, E.R. Physician)

Family Physician: _____ Phone: _____

Address: _____

Hospital Preference: _____

In case of emergency, contact:

Name Phone Relationship to player

Name Phone Relationship to player

Please list any allergies/medical problems, including those requiring maintenance medication. (I.e. Diabetic, Asthma, Seizure Disorder):

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

Date of last Tetanus Toxoid Booster: _____

The purpose of the above information is to ensure that medical personnel have details of any medical problem, which may interfere with or alter treatment.

Mr./Mrs./Ms.: _____
Authorized Parent/Guardian signature date

WARNING: Protective equipment does not and cannot prevent all injuries a player might receive while participating in baseball/softball activities.

Little League Baseball does not limit participation in its activities on the basis of disability, race, color, creed, national origin, gender, or religious preference.