

Town of Wappingers Falls Little League - SPRING
 2012 Registration Form

Date: _____

 First Name Last Name Sex Birthdate Ver by

Medical? []

Lives with (Fath/Moth/Both) Team Last Year: _____

< Father >

Name	_____
Address	_____
Cty/St/Zip	_____ / _____ - _____
Home/Work/Fax	____ - ____ - _____ / _____ - ____ - ____ - _____ / _____ - ____ - ____ - _____
Cell	____ - ____ - ____ - _____
Email	_____
Occupation	_____

< Mother >

Name	_____
Address	_____
Cty/St/Zip	_____ / _____ - _____
Home/Work/Fax	____ - ____ - _____ / _____ - ____ - ____ - _____ / _____ - ____ - ____ - _____
Cell	____ - ____ - ____ - _____
Email	_____
Occupation	_____

I the Parent and/or guardian of the above named candidate for a position on a league team, hereby give my approval to participate in any and all league activities. I assume all risk and hazards incidental to such participation, including transportation to and from the activities. I do hereby waive, release, absolve, indemnify and agree to hold harmless the local league, the chartering organization, organizers, sponsors, participants and persons transporting my child to and from activities for any claim arising out of injury to my child, whether the result of negligence or from any other cause, except to the extent and in the amount covered by accident and liability insurance. I understand that the insurance carried by this league covers only the amount that is not paid by my carrier. I agree to return upon request the uniform or equipment furnished to me or my child.

*** I ALSO UNDERSTAND THAT I WILL BE REQUIRED TO HELP IN THE CONSESSION STAND 4 HRS

Parent or guardian signature X _____