

LITTLE LEAGUERS OF KENOSHA OF KENOSHA, INC. APPLICATION for 2010  
FALL LEAGUE

I/We hereby apply for participation in the program Date of application \_\_\_\_\_

PLAYER'S NAME \_\_\_\_\_  
please print

Is the applicant currently an active player in this program? YES NO If yes, what team? \_\_\_\_\_

If no, has the applicant played in an organized program? YES NO If yes, where? \_\_\_\_\_

COPY OF BIRTH CERTIFICATE REQUIRED FOR ALL NEW PLAYERS. YES\_\_\_ - NO\_\_\_

DATE OF BIRTH \_\_\_/\_\_\_/\_\_\_ AGE AS OF May 1, 2009 \_\_\_\_\_

Are you currently in the program? YES\_\_\_ NO \_\_\_ E-mail address \_\_\_\_\_

PANT SIZE: YOUTH SM MED LG XL OTHER \_\_\_\_\_ SHIRT SIZE \_\_\_\_\_

PARENT and/or GUARDIAN INFORMATION (who is the child's contact person?)

DOES THE CHILD LIVE WITH: BOTH PARENTS \_\_\_\_\_ MOTHER \_\_\_\_\_ FATHER \_\_\_\_\_ OTHER \_\_\_\_\_

name \_\_\_\_\_ address \_\_\_\_\_

City & zip \_\_\_\_\_ e-mail \_\_\_\_\_

Phone (home) \_\_\_\_\_ phone (cell) \_\_\_\_\_

place of employment \_\_\_\_\_

Phone (work) \_\_\_\_\_ phone (work) \_\_\_\_\_

In case of emergency, who should be contacted, if you are not available?

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

HEALTH INSURANCE INFORMATION

Primary insurance company \_\_\_\_\_ phone number \_\_\_\_\_

Policy holder's name \_\_\_\_\_

HEALTH INFORMATION

Does your child have any allergies or allergic reactions? Yes no  
If yes, describe

Did your child have any major surgery in the last year? Yes no  
If yes, describe

Is there anything else we should know about your child?

MEDICATIONS	DOSAGE	FOR WHAT
_____	_____	_____
_____	_____	_____
_____	_____	_____

PLEASE COMPLETE & SIGN THE REVERSE SIDE

LIABILITY AND INDEMNITY AGREEMENT

IN CONSIDERATION of permitting my son or daughter to participate in the LITTLE LEAGUERS OF KENOSHA, INC. program, and fully understanding that there are certain inherent risks of injury and property damage in playing little league baseball, the undersigned agree(s) that:

- 1. I/WE HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the Little Leaguers of Kenosha, Inc., its subsidiaries, its officers, directors, employees, agents, assigns, successors, coaches, managers, officials, and sponsors, however designated (herein after referred to collectively as "Releasee")...
2. I/WE HEREBY AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS the Releasee from any loss, liability, damage, or cost the undersigned may incur due to participation in the program...
3. I/WE HEREBY ASSUME FULL RESPONSIBILITY FOR ANY RISK OF BODILY INJURY OR PROPERTY DAMAGE due to the negligence of the Releasee or otherwise while participating in the program.
4. I/WE CONSENT AND AGREE TO OBEY AND ABIDE BY ALL RULES AND REGULATIONS designated by the program.
5. THE UNDERSIGNED EXPRESSLY ACKNOWLEDGES AND AGREES that playing Little Leaguers of Kenosha, Inc., participating in the program and any of its related activities can involve risk of injury and/or property damage.
6. THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNED THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements, or inducements apart from the foregoing written agreement has been made.
7. I/we hereby agree to abide by ALL THE RULES of the LITTLE LEAGUERS OF KENOSHA, INC.

THIS IS A RELEASE. PLEASE READ CAREFULLY

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

Date \_\_\_\_\_ Date \_\_\_\_\_

MAKE PAYMENT OF \$65.00 TO: LITTLE LEAGUERS OF KENOSHA 1804-89th Place, Kenosha, WI. 53143

FOR OFFICE USE ONLY

[.] Appl. Rec'd \_\_\_\_\_ amt, \_\_\_\_\_ cash check \_\_\_\_\_

[ ] Approved by \_\_\_\_\_ date \_\_\_\_\_

[ ] Denied by \_\_\_\_\_ date \_\_\_\_\_

COMMENTS/ACTION TAKEN