

TOLL REGISTRATION INFORMATION
Thousand Oaks Little League
(Make sure all fields are filled out)
Mail To: 1363 Calle Avellano, Thousand Oaks, CA 91360

Please Print

1st Players Name _____ **Age as of 4/30/2010** _____

DOB _____ **Played last season: Yes / No** **If yes what division: T-Ball / Acorn/ Minor/ Major/ Junior**

My Child will Try out for (Circle one) : Acorn 7-9, Minor 10-11, Major 11-12, Junior 13-14 TBALL No TRYOUTS!

2nd Players Name _____ **Age as of 4/30/2010** _____

DOB _____ **Played last season: Yes / No** **If yes what division: T-Ball / Acorn/ Minor/ Major/ Junior**

My Child will Try out for (Circle one) : Acorn 7-9, Minor 10-11, Major 11-12, Junior 13-14 TBALL No TRYOUTS!

3rd Players Name _____ **Age as of 4/30/2010** _____

DOB _____ **Played last season: Yes / No** **If yes what division: T-Ball / Acorn/ Minor/ Major/ Junior**

My Child will Try out for (Circle one) : Acorn 7-9, Minor 10-11, Major 11-12, Junior 13-14 TBALL No TRYOUTS!

Fees: T-Ball \$200.00 Acorn- Juniors \$230.00 There is a \$10 discount per extra sibling only!

Address _____

City _____ **Zip** _____ **Players Home Phone** _____

Mother's Name _____ **Father's Name** _____

Mother's Cell Number _____ **Father's Cell Number** _____

Mother's Email _____ **Father's E-Mail** _____

Mother's Occupation _____ **Father's Occupation** _____

1. I/We, the parents/guardians 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.

2. I/We know that participation in baseball or softball 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, Incorporated, the organizers, sponsors, supervisors, participants, and persons transporting my/our child to and from activities from any claim arising out of any injury to my/our child whether the result of negligence or for any other cause.

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

4. I/We agree that our child (candidate) may be required to try out for a team. If such does not attend at least 50 percent of the tryouts, local Board-of -Directors' approval is required for such candidate to be placed on a team.

5. I/We understand that our child (candidate) may be chosen at anytime to play on a Major Division team, if he or she is of the correct age for such division as determined by the local league and Little League Baseball. Declining to move up to such Major Division team will result in forfeiture of eligibility for the Major Division for the current season, and may be subject to further restrictions by the local league.

6. I/We agree to provide proof of legal residence (as defined by Little League Baseball, Incorporated) and age. I/We understand that our child (candidate) must be eligible under the residence and age regulations of Little League Baseball, Incorporated, to participate in this Local League, and that if any controversy arises regarding residence and/or age, the decision of the Charter Committee in Williamsport shall be final and binding. I/We further understand that if any participant on a Little League team does not qualify for participation in the league based on residence (as defined by Little League Baseball, Incorporated) and/or age, such participant and/or team on which he/she participates be found ineligible, and forfeit(s) and/or suspension of Tournament privileges may be decreed by action of the Charter Committee or Tournament Committee.

7. I/We will furnish a certified birth certificate of the above-named candidate to League Officials.

8. All fees are non refundable until January 9, 2009. There will be no refunds after this date.

Signature _____

Date: _____

For League Use Only:

Birth Certificate: _____ **Waiver Needed:** _____ **Proof of Residency:** _____

Amount Paid: _____ **Initials:** _____