

**GLOCESTER LITTLE LEAGUE
FALL BALL 2008
Return by Aug 1**

PLAYERS NAME _____
DATE OF BIRTH _____
STREET _____
TOWN _____
ZIP CODE _____ EMAIL _____
HOME PHONE _____ CELL PHONE _____
PARENTS / GUARDIAN _____

I/We, the parents of the above named candidate for a position on a Little League team, hereby give my/our permission to participate in any and all Little League activities.

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 Gloucester Little League, Little League Baseball, Inc., the organizers, sponsors, participants, and persons transporting my/our child to and from activities for any claims arising out of 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.

Signature of Parent or Guardian _____

REGISTRATION RATES
MAXIMUM = \$75.00 PER FAMILY

2008 LEAGUE AGE: _____

_____ DEVELOPMENTAL LEAGUE 6-8 (\$20.00)

_____ MAJORS BASEBALL 8-12 (\$25.00)

_____ JUNIORS BASEBALL 12-14 (\$30.00)

_____ MAJORS SOFTBALL 8-12 (\$25.00)

TOTAL DUE _____ CHECK # _____ CASH _____
PAID _____

*Please make checks payable to the GLL.
Please return to GLL PO box 7
Chepachet RI 02814*