

**Kennedy Little League 2009 Registration Form**  
**(Registration Opens 1/1/09 and Closes on 3/15/09)**

**Player**

Name \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Address \_\_\_\_\_ School \_\_\_\_\_  
 City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

**Parent/Guardian**

Name \_\_\_\_\_ Occupation \_\_\_\_\_  
 Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
 City \_\_\_\_\_ Zip \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Email Address \_\_\_\_\_

**Parent/Guardian**

Name \_\_\_\_\_ Occupation \_\_\_\_\_  
 Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
 City \_\_\_\_\_ Zip \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Email Address \_\_\_\_\_

Playing Level										
Girls and Boys (Age as of 4/30/current year)		Baseball (Age as of 4/30/current year)				Softball (Age as of 1/1/current year)				
4, 5, 6 & 7		8, 9, 10, 11 & 12			13 & 14	U8	U10	U12	U14	U16
Beginner T-Ball	Advanced T-Ball	Minor	Federal	Major	Junior	U8	Minor	Major	Junior	Senior

**Please indicate any physical limitations (allergies, hearing, sight, etc.):**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Name of Family Hospital Plan:** \_\_\_\_\_

I/We, the parents 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 activities. 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, participants and persons transporting my/our child to and from activities for any claim arising out of any 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. I/We agree to return upon request the uniform and other equipment issued to my/our child in as good condition as we received except for normal wear and tear. I/We will furnish a certified birth certificate of the above named candidate to League Officials upon request.

**Parent (s) or Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Did this child play at Kennedy Little League last year? \_\_\_\_\_ Yes \_\_\_\_\_ No