

Sault Area Little League 2019 Registration

Please return to: Sault Area Little League P.O. Box 914 Sault Ste Marie Mi 49783

Player's Name: _____

Check one: Baseball Player _____ Softball Player _____

Full Street Address: _____

Phone Number: (____)____-____ Birthday ____/____/____ Email Address: _____

Gender: Male _____ Female _____

| Baseball Age Chart (Baseball is open to male and female participants) (All Co-ed T Ball participants are registered under Baseball) | | | | | | | | | | | | | |
|---|------|------|------|------|------|------|------|------|------|------|------|-----|------------------|
| JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | AGE | Division |
| 2015 | 2015 | 2015 | 2015 | 2015 | 2015 | 2015 | 2015 | 2014 | 2014 | 2014 | 2014 | 4 | Co-ed T Ball 1 |
| 2014 | 2014 | 2014 | 2014 | 2014 | 2014 | 2014 | 2014 | 2013 | 2013 | 2013 | 2013 | 5 | |
| Tball 1 coach may make recommendation for participant to advance to Tball 2 based upon skill level and maturity. | | | | | | | | | | | | | |
| 2013 | 2013 | 2013 | 2013 | 2013 | 2013 | 2013 | 2013 | 2012 | 2012 | 2012 | 2012 | 6 | Co-ed T -Ball 2 |
| 2012 | 2012 | 2012 | 2012 | 2012 | 2012 | 2012 | 2012 | 2011 | 2011 | 2011 | 2011 | 7 | 7-8 Co-ed Rookie |
| 2011 | 2011 | 2011 | 2011 | 2011 | 2011 | 2011 | 2011 | 2010 | 2010 | 2010 | 2010 | 8 | 7-8 Co-ed Rookie |
| 2010 | 2010 | 2010 | 2010 | 2010 | 2010 | 2010 | 2010 | 2009 | 2009 | 2009 | 2009 | 9 | 9-10 Minor |
| 2009 | 2009 | 2009 | 2009 | 2009 | 2009 | 2009 | 2009 | 2008 | 2008 | 2008 | 2008 | 10 | 9-10 Minor |
| 2008 | 2008 | 2008 | 2008 | 2008 | 2008 | 2008 | 2008 | 2007 | 2007 | 2007 | 2007 | 11 | 11-12 Major |
| 2007 | 2007 | 2007 | 2007 | 2007 | 2007 | 2007 | 2007 | 2006 | 2006 | 2006 | 2006 | 12 | 11-12 Major |
| 2006 | 2006 | 2006 | 2006 | 2006 | 2006 | 2006 | 2006 | 2005 | 2005 | 2005 | 2005 | 13 | 13 intermediate |
| 2005 | 2005 | 2005 | 2005 | 2005 | 2005 | 2005 | 2005 | 2004 | 2004 | 2004 | 2004 | 14 | 14 Junior |
| 2004 | 2004 | 2004 | 2004 | 2004 | 2004 | 2004 | 2004 | 2003 | 2003 | 2003 | 2003 | 15 | 15 Senior |

| Softball Age Chart (Softball is open to female participants only) (Female participants are registered for softball when minimum age is reached according to chart below) (If Child is younger than options on chart below refer to coed division under baseball) | | | | | |
|---|-----------|------------------------------------|-----------|------------------------------|--|
| Born | 2008-2009 | 2006-2007 | 2004-2005 | 2002-2003 | |
| Division | Minor | Major | Junior | Senior | |
| Sport/Division/Fee Table Deadline for on time registration is March 23rd 2019. Late Registration (with late fee) accepted March 01 thru May 31 2019. | | | | March 24th thru May 31, 2019 | Multiple Child Credit (-\$10) per child. |
| Sport | Ages | Division | | Fee* | Late Registration Fee |
| Co-ed T Ball 1 | 4-5 | T Ball 1 is Monday Evenings 6-7 PM | | \$50 | Add \$25 |
| Co-ed T -Ball 2 | 6 | Tball 2 | | \$75 | Add \$25 |
| Co-ed Rookies | 7-8 | Co-ed Rookies | | \$100 | Add \$25 |
| Baseball | 9-14 | Minor, Major, Intermediate | | \$100 | Add \$25 |
| Softball | 9-14 | All Divisions | | \$75 | Add \$25 |
| <p>*Multiple Child Credit of \$10 applies to children living in the same home. First child pays full price. Additional children each may apply a \$10 credit to their fee. **Once the draft has been held and teams are selected, late registrants may be placed on a divisional wait list until enough other late registrants sign up to form a team of 11-12 players.</p> <p>Late Registration Fees Will Not Be Waived. Registrations must be received on or before March 23rd or include a late fee. Any late registration submitted without a late fee included will be returned without the player having been registered. No registrations will be accepted after May 31' 2019.</p> <p>Refund requests must be made to the board and, if approved, Will Not Be Paid Until August 20, 2019. They will be mailed to the address you have on record with SALL. *Late registrants who are unable to be placed on a team and play will receive refunds to be mailed June 20, 2019</p> | | | | | |

Check One Below

Co-Ed T-Ball 1____ Co-Ed T-Ball 2____ Co-Ed Rookie____ Minor____ Major____ intermediate____ Softball____

Fee Amount Paid:_____ Check/Money Order Number _____ Date Paid____/____/____

OR: Cash Amount Paid _____ Date Paid____/____/____

OR: Credit card Information # _____ EXP _____ CVV # on back _____

| Guardian 1 | | Guardian 2 | |
|---|------------|---|---------------------|
| First name | | First Name | |
| Last name | | Last Name | |
| Relationship | | Relationship | |
| Address Same as player____ Skip to Phone info | | Address Same as player____ Skip to phone info | |
| Address | | Address | |
| City | State | City | State |
| Zip | Country | Zip | Country |
| Primary Phone | | Primary Phone | |
| Work Phone | | Work Phone | |
| Cell Phone | | Cell Phone | |
| Email | | Email | |
| Player Lives With Guardian 1__, Guardian 2__, Both __ | | | |
| Little League Baseball and Softball Medical Release | | | |
| Doctor's Name | | Emergency Contact Name | |
| Doctor's Phone | | Emergency Contact Relationship | |
| Doctor's Address | | Emergency Contact Phone | |
| Dentist Name | | Alternate Emergency Contact Phone | |
| Hospital Preference | | Insurance Carrier | |
| | | Insurance Policy Number | |
| Comments: Allergies, medications, etc.: | | | |
| Date of Last Tetanus Toxoid Booster: | | Special conditions: | |
| Medical Diagnosis | Medication | Dosage | Frequency of Dosage |
| | | | |
| | | | |

Consent, Release and Indemnification

1. I/We, the parent(s)/guardian(s), give my/our consent for the named player to participate in all Little League activities.
2. I/We consent to abide by the Sport Parent Code of Conduct, the rules of Sault Area Little League, Inc., and the rules of Little League Baseball and Softball, Inc.
3. I/We understand that participation in baseball may result in serious injury or death and that protective equipment does not prevent all injuries; and I/we do waive, release, absolve, indemnify, and agree to hold harmless Sault Area Little League, Inc., Little League Baseball and Softball, Inc., the organizers, sponsors, supervisors, participants, and persons transporting the named player to and from activities, from any claim arising out of injury or death to the named player whether the result of negligence or any other cause.

Parent or Guardian Authorization:
 In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency personnel. (i.e. EMT, First responder, E.R. Physician)

Date: _____ Signature: _____

