

Bow Little League/Bow Athletic Club 2010 Season

Registration and Parental Information

Mother/Guardian Name:	Cell Phone: _____ Work Phone: _____	Email Address:
Father/Guardian Name:	Cell Phone: _____ Work Phone: _____	Email Address:
Home Address:		Home Phone:

Parental Permission

I hereby give my consent for _____ to participate in BASEBALL. I understand that participation could result in injury and protective equipment does not prevent all injuries to players. I waive, release, indemnify and agree to hold harmless Bow Little League and the Bow Athletic Club ("BAC"), the organizers, supervisors, sponsors, and participants from any claim arising out of injury to my child as a result of his/her participation in this Program. In case of accident, emergency or serious illness, I request the Coach to contact me as soon as practicable. I give authorization that my child be transported to the nearest medical facility for treatment as needed, and to be treated by a qualified medical professional.

Parent/Guardian Signature: _____

Child's Information

Child's First Name: _____	Current Grade Level:
Child's Last Name: _____	
Date of Birth: ___/___/___	Child's Age (as of April 30): _____

Level of Play

Please Note: *Players will be placed in a Division based primarily on skill levels, with some consideration given to their Little League age, but not based on their grade in school.*

Any Parent or Guardian wanting their child to play up a Division from their approx. age Division must submit such a request, with reasons, in writing to Bow Little League for consideration.

Please Circle a Division Below

T-Ball: (age 5-6 in Kindergarten) Approx. 2 days/week	Farm League: (age 7-8) Approx 3 days/week	Minors/Majors: (approx age 9-12) Division is based on skill level as determined at Evaluations
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Involvement Requirements:

All Parents will be required to assist in one of the following areas: concession stand (2 hours minimum), post-game field clean-up (at least 2 games), announcing one game (Majors Division), coaching.

Circle the area you elect.

<u>Coach</u> <small>(head/assistant/bench)</small>	<u>Umpire</u>	<u>Concessions</u>	<u>Family Day</u>
<u>Announcing</u>	<u>Post Game Clean</u>	<u>Sponsor a Team</u>	<u>Team Parent</u>

Bow Little League/Bow Athletic Club 2010 Season

<u>(majors)</u>	<u>Up</u>		
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Continue to next page

Costs: - Make Checks Payable to BAC

T-ball and Farm Leagues	\$50 per child/\$85 per family Maximum
Minor and Major Leagues	\$75 per child/\$125 per family Maximum

Requirements and Equipment:

- All Registrations must be returned by 2/20/2010. All above stated fees are to be paid by 03/01/2010
- All Players should provide their own pants (grey) and it is highly recommended that all players have their own helmets, and that players do not share helmets. Gloves are available through Mike Celenza (228-0290) as well as many other Little League Coaches and parents
- Some equipment and financial scholarships are available on an as needed basis. Please contact Mike Celenza at the number above to inquire about the scholarships.
- Majors and Minors Only: A Copy of the player's Birth Certificate must accompany this form

Player Health Information

To be completed by Parent or Guardian

Any player suffering an injury requiring attention from a health care provider shall require a doctor's note before resuming play.

Player Name: _____

	YES	NO
Has had injuries requiring medical attention (includes treatment for head or brain injury, unconsciousness, sprains of any joints, broken bones, serious eye trouble and kidney injuries).		
Has had an illness lasting more than a week (includes history of heart condition or heart disease, rheumatic fever, mononucleosis, epilepsy, diabetes, etc)		
Has any allergies that Little League need to be aware of (insects, medications, pollen, etc)		
Is under a physician's care at this time		
Takes medication on a regular basis		
Please specify type of medication taken:		
Please circle as appropriate: Wears glasses / Wears Contact Lenses		
Has been in the hospital (other than for tonsillectomy)		
Has any special health problems		
Has any missing or non-functional organs		

Primary Care Physician Name: _____ **Phone:** _____

Explanation of All "Yes" Answers:

Other Issues Regarding your Child:

Bow Little League/Bow Athletic Club 2010 Season

In case of accident or illness, I request that the coach contact me as soon as practicable. I hereby authorize that my child be transported to the nearest medical facility for treatment as needed, unless otherwise specified, and treated by a qualified medical professional.

Signature of Parent /Guardian _____ **Date:** _____

**Form and Payment with Copy of Birth Certificate can also be mailed to:
Bow Little League**

35 Woodhill Hooksett Rd
Bow, NH 03304