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EASTVIEW LITTLE LEAGUE SPRING APPLICATION

P.O. Box 6401
Rancho Palos Verdes, CA 90734-6401

Registration Fee \$140+\$50 Raffle = \$190
T-Ball Fee \$120+\$50 Raffle = \$170

PLAYERS LAST NAME	FIRST	M.I.	M/F M F	Birth Date	League Age	Last Year's Division
Returning from last year? Y N	Division Preference (circle one) T-Ball Rookie Try-out			Last Year's Team		
Team/Coach/Friend Request (T-Ball and Rookie Only)						

PARENT/GUARDIAN INFORMATION

Father's Name			Father's Name		
Street Address			Street Address		
City, ST, ZIP			City, ST, ZIP		
Home Phone	Cell	Cell Carrier for texting	Home Phone	Cell	Cell Carrier for texting
Email			Email		

PARENT/GUARDIAN PARTICIPATION IN THE LEAGUE IS VITAL AND EXPECTED- PLEASE INDICATE CHOICES

MANAGER	<input type="checkbox"/> DAD	<input type="checkbox"/> MOM	SCOREKEEPER	<input type="checkbox"/> DAD	<input type="checkbox"/> MOM	TEAM PARENT	<input type="checkbox"/> DAD	<input type="checkbox"/> MOM
COACH	<input type="checkbox"/> DAD	<input type="checkbox"/> MOM	GROUNDS	<input type="checkbox"/> DAD	<input type="checkbox"/> MOM	AUXILIARY	<input type="checkbox"/> DAD	<input type="checkbox"/> MOM
A. COACH	<input type="checkbox"/> DAD	<input type="checkbox"/> MOM	SPONSOR	<input type="checkbox"/> DAD	<input type="checkbox"/> MOM	SNACK BAR	<input type="checkbox"/> DAD	<input type="checkbox"/> MOM

PARENT/GUARDIAN PERMISSION AND MEDICAL INFORMATION

I/We the parent(s) or guardian of the above-named child, hereby give my/our approval to this participation and all of the Activities of Eastview Little League during the current season. I/We hereby agree to the guidelines and local rules as adopted by the Eastview Little League Board of Directors. I/We assume all risks and hazards incidental to the conduct of the activities and transpiration to and from the activities. I/We do further release, absolve, indemnify and hold harmless Eastview Little League Inc.; the organizers, sponsors, directors and the supervisors, and or all of them. In case of injury to my/our child, I/We hereby waive all claims against the organizers, sponsors, directors or any of the supervisors appointed by them. I/We likewise waive, to the extent not covered by liability insurance, any claim against any person transporting my/our child to or from the activities. I/We will furnish certified birth certificates of the above-named registrant upon the request of Little League officials.

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. IF A PLAYER REFUSES TO BE DRAFTED UP, BUT THE PLAYER AGENT AND BOARD OF DIRECTORS DETERMINES THAT THE PLAYER DOES INDEED HAVE THE ABILITY TO PLAY SAFELY IN THE HIGHER DIVISION, THAT PLAYER MAY NOT BE PERMITTED TO BE DRAFTED UP FOR THE REMAINDER OF THE SEASON, WILL NO LONGER BE ALLOWED TO PITCH IN THE LOWER DIVISION, AND WILL NOT BE ELIGIBLE FOR THE ALL-STAR SELECTION.

I/We the undersigned parent(s) or legal guardian of _____, a minor, do hereby authorize and consent to an X-ray examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act or a dentist licensed under the provisions of the Dental Practice Act and on the staff of any general hospital holding a current license to operate a hospital from the State of California, Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment of hospital care being required, but is given to provide authority and power to render care which the aforementioned physician, in the exercise of his better judgment, may deem advisable. It is understood that efforts shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above mentioned treatments will not be withheld if the undersigned cannot be reached.

Family Physician: _____ Phone: _____

Address: _____ Hospital Preference: _____

In case of emergency contact:

Name	Phone	Relationship to Player
Name	Phone	Relationship to Player

List all Allergies/medical problems, including those requiring maintenance medications. (i.e. Diabetic, Asthma, Seizure Disorder)

Medial Diagnosis	Medication	Dosage	Frequency of Dosage

PARENT/GUARDIAN SIGNATURE

DATE

"All Kids Play" is a fund set up by Eastview Little League designed to assist children from families with a household income less than the National Average (check our website to see if you qualify). Please contact akp@eastviewll.com for more information.

League use only

Birth Certificate	<input type="checkbox"/> YES <input type="checkbox"/> NO	Waiver Needed?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Proof of AKP eligibility required prior to registration. Scholarships cover ONLY the cost of the registration fee, all families responsible for raffle tickets regardless of financial status.
Proof of Residency	<input type="checkbox"/> YES <input type="checkbox"/> NO	Amount Paid: \$	Check #	
Raffle Ticket Sequence				