

Alden-Hebron Little League Baseball

Registration Form - Teams will be formed on March 18th, please turn in forms as soon as possible!

**Full uniform included in registration fee!
Full fee Reimbursement for Head Coaches!***

| | |
|---------------------------|----------------|
| Player Information | |
| Name: | Date of Birth: |
| Address: | |
| City/State/Zip | |

| | |
|---|--|
| Parent/Guardian Information (minimum one contact e-mail address is required) | |
| Father (male guardian) | Mother (female guardian) |
| Name: | Name: |
| Address: (if different from above) | Address: (if different from above) |
| Phone: | Phone: |
| Cell: | Cell: |
| E-mail | E-mail |
| I would like to volunteer for: Coach / Asst. Coach / Helper | I would like to volunteer for: Coach / Asst. Coach / Helper |
| *Head Coaches are reimbursed the full registration fee upon completion of the season. Must coach the full season. | |
| Emergency Contact: | Relationship: Cell: |
| Medical Information | |
| Does your child have any medical or physical conditions that limits his/her ability to participate in this activity? Yes / No | If yes, explain: |
| Allergies: | Existing Injuries: |
| Child's Primary Physician and phone number: (optional, but suggested if allergies/existing conditions are listed) | |

- * I/We, the parent(s) of the above named candidate for a position on an Alden-Hebron Little League baseball league team, hereby give my/our approval to participate in any and all league activities, including transportation to and from the activities.
- * I/We will furnish a certified birth certificate for the above named candidate to league officials upon request.
- * I/We know that participation in softball and baseball may result in serious injuries and that protective equipment does not prevent all injuries to players, and so hereby waive, release, absolve, indemnify, and agree to hold harmless the local softball/baseball league, the organizers, sponsors, participants, coaches and persons transporting 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 authorize the bearer of this document, original, or copy, to seek and approve medical attention in the event that medical attention is necessary in conjunction with any and all activities of the league.

| | |
|------------|-------|
| Signature: | Date: |
| Signature: | Date: |

Don't forget the fill out the back side of this form too!!

| |
|---|
| Desired Level of Play (circle one)* 8u 10u 12u 14u |
| * Child must be of age or younger than level as of May 1, 2017 Example: if your child turns 11 on April 27th, they are not eligible for 10u level. |

| Boys Fees | |
|----------------|-----------|
| 7/8 years old | \$ 85.00 |
| 9/10 year old | \$ 95.00 |
| 11/12 year old | \$ 105.00 |
| 13/14 year old | \$ 115.00 |

***Head coaches receive full fee reimbursement at season's end!**

| Uniform Size | | |
|------------------------------|----------|------------|
| Shirt Size | Hat Size | Pants Size |
| Youth Small | Small | Waist: |
| Youth Medium | Medium | Length: |
| Youth Large | Large | |
| Adult S M L | | |
| Adult X Large Adult XX Large | | |

| Coach Uniform Size |
|--------------------|
| Shirt Size |
| Adult M |
| Adult L |
| Adult XL |
| Adult XXL |
| Adult XXXL |

| | |
|---|--|
| Any parent planning on coaching must also provide their shirt size. | |
|---|--|

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 Questions? Call Arthur Gritmacker at 815-378-3038

| Payment Information | |
|---|---|
| Please make check payable to: Alden-Hebron Baseball League - No CASH Accepted | |
| You may drop off registration and payments at: | or mail registration and payment to: |
| High School main office Grade School main office | Alden Hebron Little League Baseball c/o Arthur Gritmacker 10206 Sharon Lane Hebron, IL 60034 |