

Check # _____
Amount _____

Last Name		First Name		Middle In Nick Name (if any)	
Street		City		Zip Code	Subdivision
Telephone		Neighborhood School		Height / Weight	Birth Date (Mo/Day/Yr)
Father's (or guardian) Name		Occupation		Office Phone #	Email Address
Mother's Name		Occupation		Office Phone #	

PREVIOUS EXPERIENCE

Little League				Other Org. (School/CYO/etc.)	
# Seasons	Last Playing Level	Team	Position	# Seasons	Last Playing Level

SCHEDULE

Will you be present during the entire season - (March through June)	Yes	No
If no, please provide the dates you will be away	_____	
Are you involved in another baseball or non-baseball activity which will conflict with the Fairfax Little League Season??	Yes	No
If yes, please provide the activity and the times where you may be unavailable for play	_____	

PARTICIPATION

(Fairfax LL is a volunteer organization. All parents are expected to contribute.)

Manager / Coach	Umpire	Contact Parent	Scorekeeper	Team Sponsor	Fundraising/Batathon	Board Member
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I do not wish to receive any sports oriented mailings.

CONSENT FOR TREATMENT

As a parent (or legal guardian) of _____, I hereby give my consent for any emergency medical treatment approved by his/her manager, or other escort, in case of illness or injury while participating in Fairfax Little League play or related activity. I understand that this is to prevent undue delay, and assure prompt treatment, and that only a licensed physician will be engaged for any such emergency.

Signed _____ Relationship _____ Date _____

- NOTE:
1. A \$10.00 administrative fee will be subtracted from the registration cost should you withdraw prior to the start of the season. After the season starts, no refunds will be given.
 2. A Returned check charge of \$20.00 will be assessed.

COMMENTS / NOTES : _____

CHECKPOINTS

DO NOT WRITE BELOW THIS LINE

BIRTH CERT. _____	LEAGUE			LEVEL			
AGE _____	AMERICAN	DOMINION	NATIONAL	'A'	TBALL	JRS.	CHAL.
SCHOOL _____				TRYOUT NUM. _____			