



WEST ISLIP



Little League, Inc
Post Office Box 98 West Islip, N.Y. 11795



2010 Season

Family Never Registered Before

PLAYER I.D. #

FAMILY I.D. #

PLEASE COMPLETE THE FOLLOWING "PLAYER PERSONAL DATA" (PLEASE PRINT)

PLEASE NOTE: ALL REGISTRANTS **MUST PROVIDE A CERTIFIED BIRTH CERTIFICATE AND UTILITY BILL** AT TIME OF REGISTRATION.

FIRST NAME:	<input type="text"/>	SEX: M / F	D.O.B	<input type="text"/>
LAST NAME:	<input type="text"/>			
STREET #	<input type="text"/>	STREET NAME	<input type="text"/>	
HOME PHONE:	<input type="text"/>	TOWN: WEST ISLIP BAYSHORE		
EMG PHONE:	<input type="text"/>	ZIP:	<input type="text"/>	
EMG CONTACT:	<input type="text"/>	RELATIONSHIP:	<input type="text"/>	
FATHER'S NAME:	<input type="text"/>	LAST, IF DIFFERENT	<input type="text"/>	
OCCUPATION:	<input type="text"/>	WORK PH #	<input type="text"/>	<input type="text"/>
SELF EMPLOYED: YES / NO		CELL PH#	<input type="text"/>	<input type="text"/>
MOTHER'S NAME:	<input type="text"/>	LAST, IF DIFFERENT	<input type="text"/>	
OCCUPATION:	<input type="text"/>	WORK PH #	<input type="text"/>	<input type="text"/>
SELF EMPLOYED: YES / NO		CELL PH#	<input type="text"/>	<input type="text"/>

Would You Like To Sponsor A Team? Yes / No

PLEASE CIRCLE WHICH OF THE FOLLOWING AREAS YOU WILL VOLUNTEER SOME OF YOUR TIME TO HELP OUT **YOUR WEST ISLIP LITTLE LEAGUE:**

Manager / Coach / Umpire / Field Maintenance / Fundraising / Newsletter / Concession Stand
Other _____

Please Read the Following and Sign:

I / We the parents or legal guardians of the above named, hereby give my /our approval to participate in any and all West Islip Little League activities, including transportation to and from all activities.

I / We know that participation in baseball or softball may result in serious injuries and protective equipment does not prevent all injuries to players and do hereby waive, release, absolve, indemnify and agree to hold harmless the West Islip Little League. Little League Baseball Inc., the sponsors, organizers, participants, league officers and persons transporting my/our child to/from any activities for any claim arising out of any injury to my/our child whether the result of negligence or for any other cause, except to the extent and amount covered by accident or liability insurance.

I / We will furnish a certified birth certificate for the above named player if so requested by league officials.

Mother's Signature: _____ Date: _____

Father's Signature: _____ Date: _____

FOR LEAGUE USE ONLY

League Age: _____ League: _____ Division: Algonquin / Iroquois

Registration Fee: _____ Paid: Check No. _____ Paid Cash: _____

Birth Certificate Verified: _____

Comments: _____

Verifying League Official: _____ Date: _____