



University City Little League

P.O. Box 22511
San Diego, CA, 92192



2012 PLAYER REGISTRATION / MEDICAL RELEASE FORM

A parent or legal guardian must complete AND sign this form. Please read carefully and complete all areas. Please print legibly. Please provide numbers that you or the person the number is being requested for can physically be reached. This is imperative in order to conduct league business during the season and in the potential case of an emergency.

First _____	Last _____	Age _____ (as of April 30, 2012)	By initialing this box I give permission to use photographs of my son or daughter in the directory or annual slide show <input type="checkbox"/>
Street _____	City _____	Zip _____	
Phone _____	Grade _____	School _____	League Directory Preference: Telephone Number Only <input type="checkbox"/>
			Address and Telephone Number <input type="checkbox"/>

Father's Information	I wish to volunteer as:	Mother's Information	I wish to volunteer as:
Check all that apply		Check all that apply	
Name _____	Manager <input type="checkbox"/>	Name _____	Manager <input type="checkbox"/>
Email _____	Coach <input type="checkbox"/>	Email _____	Coach <input type="checkbox"/>
Occupation _____	Team Parent <input type="checkbox"/>	Occupation _____	Team Parent <input type="checkbox"/>
Work Phone _____ ext _____	Special Events <input type="checkbox"/>	WorkPhone _____ ext _____	Special Events <input type="checkbox"/>
Cell/Alt Phone _____	Scorekeeper <input type="checkbox"/>	Cell/Alt Phone _____	Scorekeeper <input type="checkbox"/>
Field Maintenance <input type="checkbox"/>	Field Maintenance <input type="checkbox"/>	Field Maintenance <input type="checkbox"/>	Field Maintenance <input type="checkbox"/>
Snackbar <input type="checkbox"/>	Snackbar <input type="checkbox"/>	Snackbar <input type="checkbox"/>	Snackbar <input type="checkbox"/>
Primary Contact <input type="checkbox"/> (At Address Above)		Primary Contact <input type="checkbox"/> (At Address Above)	

Registration Fees - T-Ball: \$100, Caps: \$105, Minors/Majors: \$130, Juniors: \$140, Seniors: \$75, Big League: \$50, Challenger: \$50

Registration Fee..... \$ _____	Please check here if your child is registering for the Challenger Division: <input type="checkbox"/>	For League Use Only	
Fundraiser: a) Sell 1 \$54 box of candy\$ _____ 0.00 or b) Donate \$30 instead of selling candy.....\$ _____		Payment: Cash \$ _____ Check \$ _____ <input type="checkbox"/> Returning Player Birth Certificate Verified <input type="checkbox"/> Initials _____ League Boundaries Verified <input type="checkbox"/> Initials _____	Date: _____
If I elect to sell candy in lieu of donating \$30.00 to UCLL, I understand that I cannot return the candy to the league and am responsible for the full cost of the candy at \$54.00.		No Refunds Issued After Jan 31, 2012	
Tax Deductible Donation..... \$ _____			
\$10 Sibling Discount For families with 2 or more players: discount applied to player(s) in lowest divisions _____			
\$10 Discount if postmarked before Dec 31, 2011...\$ _____			
Total Amount Due..... \$ _____			

LATE REGISTRATION: Add \$10 if postmarked after Jan. 21, 2012

Medical Information and Release

Health Ins. Company _____ Policy # _____ Physician _____ Phone _____

*Allergies / medications or medical problems: _____

ACKNOWLEDGEMENT, PERMISSION, WAIVER AND MEDICAL RELEASE

I/we certify that to the best of my knowledge, my/our child resides within the boundaries of University City Little League or that I have requested the appropriate waiver be submitted. I understand that all players may be required to try-out or take part in one or more evaluation session(s). It is the policy of UCLL to place children where their age, individual talents, abilities and potential will best be suited relative to their peers. Assignment to teams above CAPS is done via draft. Therefore, requests for placement on a specific team or with other specific players or coaches cannot be promised or guaranteed. In addition, once drafted to a team, failure to permit your child to become a part of that team will result in forfeiture of your child's playing eligibility for the entire season. Such player will also forfeit eligibility to be considered for the All-Star team.

I/we give consent and approval for the above named child to participate in all practices, games and other events sponsored by University City Little League Inc., Little League Baseball Inc., its assignees or agents. I/we assume all risks and hazards incidental to such participation including transportation to/from games, practices and other team/league activities. I/we do hereby waive, release, absolve, indemnify and agree to hold harmless, University City Little League Inc., Little League Baseball Inc, the organizers, coaches, members of the Board of Directors, sponsors, field owners, participants and persons providing transportation to and from such activities, for any claim arising out of injury to my/our child and my own person whether or not the claim has arisen due to the result of negligence, or for any other cause, except to the extent of and not to exceed the amount covered by any accident or liability insurance that University City Little League Inc., is in possession of. I understand that insurance coverage provided by UCLL including coverage for medical and dental claims is secondary type coverage subordinate to any personal insurance coverage I may possess. In the event of emergency, I/we authorize any adult team manager, coach, board member or other adult volunteer approved by University City Little League, in my absence, to authorize emergency medical or dental care for my/our child by the nearest licensed physician, dentist, hospital or other medical facility.

I understand and agree that parking at any University City Little League field complex is done at my/our own risk and peril. In the event of emergency,

Please be advised that player phone numbers are published in the UCLL directory which is distributed to Little League members and shared with local community baseball camp programs.

By signing below I have read and hereby certify, agree, and/or consent to all terms and conditions as outlined above.

Signature of Parent or Legal Guardian _____ Date _____