Kennedy Little League 2010 Registration Form Registration Opens 1/15/2010 and Closes on 3/14/2010

Player										
Name				Sex _	Sex Date of Birth					
Address					_ School					
City Zip					_ Phone					
Parent/Gua	rdian									
					Occupation					
Address										
City Zip					_ Work Phone					
	ess									
Parent/Gua	rdian									
Name				Occu	pation					
Address										
City Zip					Work Phone					
Email Addre	ess								_	
			Pl	aying Le	evel					
Girls and Boys (Age as Baseball (Age as			of 4/30/c	current	Softball (Age as of 1/1/current					
of 4/30/cu	rrent year)		yea	r))		year)			
4, 5,	6 & 7	8, 9 & 10	10, 11	& 12	13 & 14	7 & 8	9 & 10	11&12	13 & 14	
Beginner	Advanced	Minor	Federal	Major	Junior	U8	Minor	Major	Junior –	
T-Ball	T-Ball						- U10	- U12	U14	
Please indic	eate any physi	ical limitati	ons (aller	gies, hear	ring, sight	, etc.):				
Name of Fa	mily Hospita	l Plan:								
participate in participation injuries to pl League, Litt child to and for any other return upon except for no	rents of the ab n any and all I in baseball of layers, and do le League Bas from activities r cause, excep request the un ormal wear an	cittle Leaguer softball managed hereby waits be all Incorps for any class to the extension and odd tear. I/We	e activities by result in we, release corated, the tim arising nt and in the ther equip	s, includir a serious i , absolve, e organize ; out of ar he amour ment issu	ng transpor injuries and indemnify ers, sponso ny injury to at covered l led to my/o	tation to I protecti and agreers, partice my/our by accide our child	and from ve equipn ee to hold ipants and child whe ent or liabi in as good	activities. nent does harmless I persons ther the re lity insura	I/We know the not prevent all the local Little transporting in esult of negligance. I/We again as we receive	
Parent (s) o	r Guardian S	Signature: _]	Date:			
Did this child	d play at Kenn	edy Little Le	eague last	year?	<i>\</i>	'es	No			