



Santa Monica LITTLE LEAGUE



Spring 2012 Registration Form

**Register online at www.sml.com or mail this completed form with payment to:
Santa Monica Little League, P.O. Box 3152, Santa Monica CA 90408**

Player's Name: _____ Date of Birth (M/D/Y): _____

Address: _____ City: _____ Zip: _____

Male/Female: _____ School: _____ Grade: _____

Mother's/Guardian's Name: _____ Tel: (____) _____

Father's/Guardian's Name: _____ Tel: (____) _____

Best Contact Tel:(____) _____ Best Email Address: _____

/We are interested in volunteering: _____ Manager _____ Coach _____ Team Parent _____ Fundraising

By submitting this Registration form, you acknowledge that you have read, understand and agree to all of the League registration policies posted at www.sml.com. Player's "League Age" is determined as of **April 30, 2012**. **League Boundaries** include all of the City of Santa Monica and the area South of Sunset Boulevard from the Pacific Ocean to Allenford Avenue. **ALL players League Age 8 years and older (including returning Majors Division players) must attend tryouts in January, at which League Age and residency will be verified.** Notices will be sent in late December to players League Age 8 years and older designating their tryout date and time in January. Younger Players will receive their team assignments in February. **Scholarships are available.** Contact registrar@sml.com for more information.

- Spring 2012 Registration Fees are as follows:

League Age 4-7 \$140.00
League Age 8-16..... \$180.00

- A **\$30 Concession Deposit** will be collected upon registration for each player League Ages 9 through 12. Your Concession Deposit will be refunded to you upon completion *by an adult volunteer* of a three hour shift at the Memorial Park Snack Bar *before* the end of Spring Regular Season play.

Registration Fee (See Rates above) \$ _____

\$30 Concession Deposit (League Ages 9-12 only) \$ _____

I want to help offset the cost to SMLL of providing baseball to every child in our community, regardless of their ability to pay (\$25 suggested tax-deductible donation) \$ _____

TOTAL ENCLOSED (Make check payable to "SMLL") \$ _____

I, the undersigned parent or guardian of _____, a candidate for a position on a Little League team, hereby give my approval for said child to participate in any and all Little League activities. I know that participation in baseball may result in serious injuries, and that protective equipment does not prevent all injuries to players. I do hereby waive, release, absolve, indemnify, defend and agree to hold harmless Santa Monica Little League, Little League Baseball Incorporated, their respective officers and directors, all organizers, sponsors, supervisors, participants and persons transporting my child to or from Little League activities, from and against all claims, demands, causes of action, damage, injury or loss whatsoever, whether the result of negligence or for any other cause. I agree to return upon request the uniform and any other equipment issued to my child by Santa Monica Little League in as good a condition as when received, normal wear and tear excepted. I agree that my child may be chosen to play on a Majors Division team, and acknowledge that if my child is the correct League Age according to Little League rules, declining to move up to such Majors Division team will result in forfeiture of eligibility for the Majors Division for the entire season, and may result in my child being moved to another team in his/her current division. Upon request, I will furnish a proof of my child's legal residence (as defined by Little League Baseball, Incorporated) and proof of my child's age. If any controversy arises regarding my child's legal residence and/or age for purposes of participation in Little League activities, the decision of the Little League, International Charter Committee in Williamsport shall be final and binding. ***I understand that my child will not be eligible for All Star play without proof of residency within the League boundaries.*** I authorize Santa Monica Little League to post my child's picture and description of league play on www.sml.com.

Signature of Parent/Guardian _____

Date: _____

YOUR REGISTRATION WILL NOT BE ACCEPTED UNLESS THE CONSENT FORM IS COMPLETED AND SIGNED!