

North Kitsap Little Leagues - Fall Ball 2008

Registration Form

Fall Ball has two main objectives. First, this gives AAA players a way to continue to develop their skills. Secondly, this is an opportunity for AA and A players to be exposed to AAA rules of play as they hone their skills anticipating next year.

The Fall Ball training and development sessions are held on **Tuesdays** and **Thursdays** in August. **The dates are August 5, 7, 12, 14, 19, 21, 26, and 28.**

Children ages 7, 8, and 9, as of May 1st, 2008, will start their sessions at **5:30pm**. There will be one hour of drills and skills practice followed by a two hour instructional game. The sessions will end at **8:30pm**.

Children ages 10 and 11 as of May 1st, 2008, will start their sessions at **6:00pm**. There will be one half hour of warm up and preparation followed by a two hour instructional game. The sessions will end at **8:30pm**.

The teams for the instructional games will be formed each day. Players will not be on the same team for each practice session. No uniforms are used so the players should wear appropriate practice clothing. The instructional games will use AAA level rules.

Please fill out (print neatly) form completely for each child.

_____ Sex: M ___ F ___
First Name Last Name Birth Date

Age as of May 1, 2008: _____

Lives with: ___ Mother ___ Father ___ Both

Please enter mailing and street address for both parents. Enter "same" if appropriate for address & phone.

Father's Information

Name: _____

Street Address: _____

Mailing Address: _____

City & Zip: _____

Home Phone: (____) _____ — _____

Day Phone: (____) _____ — _____

E-Mail: _____

Mother's Information

Name: _____

Street Address: _____

Mailing Address: _____

City & Zip: _____

Home Phone: (____) _____ — _____

Day Phone: (____) _____ — _____

E-Mail: _____

Participation in Little League baseball/softball requires the ability to run, throw, swing a bat, and catch a ball. Additionally, participation requires the capacity to understand the rules of the game. Does your child have any current condition that limits his/her ability to participate in this activity? ___ Yes ___ No

If "Yes," please explain and identify any reasonable accommodations that would enable your child to participate:

I/We the parent(s) of player _____, hereby give my/our approval to participate in any and all Little League activities, including transportation to and from 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 local Little League, Little League Baseball, Inc., the organizers, sponsors, participants, and persons transporting my/our child to and from 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 in the amount covered by accident or liability insurance. I/We agree to return any equipment issued to my/our child in as good condition as when received except for normal wear and tear. I/We will furnish a certified birth certificate of the above named candidate to League Officials.

Parent(s) or Guardian Signature(s): _____

Fee: \$30.00 per player. Make check or money order payable to NK Little League.

Mail Application: North Kitsap Little League, PO Box 1476, Poulsbo, WA 98370