



Registration Form for 2009 Fall Ball

www.lwbba.org

Players Name _____ Birth Date: M ___ Y ___ Current Age _____

Address _____ City _____ Zip _____

Home Phone _____ School _____ Current Grade _____

Mother's Name _____ Daytime Phone _____

Father's Name _____ Daytime Phone _____

E-Mail Address _____

Baseball Fees (Check One)

<input type="checkbox"/> 1st & 2nd Boys/Girls NO FEE	<input type="checkbox"/> 3rd & 4th Boys \$100.00	<input type="checkbox"/> 5th & 6th Boys \$100.00	<input type="checkbox"/> 7th & 8th Boys \$100.00
	<input type="checkbox"/> 3rd & 4th Girls NO FEE	<input type="checkbox"/> 5th & 6th Girls NO FEE	<input type="checkbox"/> 7th & 8th Girls NO FEE
Grade your child is going into in September of '09 _____			

Uniform Information (please check one shirt size below) Note: leagues with fees will receive a hat and shirt. All non-fee leagues do not include any uniform.

Shirt Size (Check One)

Youth shirt sizes	<input type="checkbox"/> Small	<input type="checkbox"/> Med	<input type="checkbox"/> Large	
	6-8	10-12	12-14	
Adult shirt sizes	<input type="checkbox"/> Small	<input type="checkbox"/> Med	<input type="checkbox"/> Large	<input type="checkbox"/> XLarge
	34-36	38-40	42-44	46-48

I would like to help the league by becoming a Fall Ball sponsor. (League director will contact you regarding sponsorship opportunities for our fall league.)

Baseball Fee	\$ _____
TOTAL (all fees must be paid at the time of registration)	\$ _____

Would parent be willing to coach? Coach Asst. coach Dugout parent

Mail in Address

Lincolnwood Baseball Association • 7226 N. Tripp • Lincolnwood IL 60712

Registration Deadline August 29th 2009 (visit www.lwbba.org for updates on all leagues)

Waiver

We hereby give consent and agree to release, indemnify and hold harmless the organization of Lincolnwood Baseball Association, it's sponsors, officers, directors, coaches and all representatives from any claims and liabilities of any kind which may arise at any time out of or in connection with Lincolnwood Baseball Association. We understand that Lincolnwood Baseball Association offers medical insurance as a secondary coverage to your personal in-force medical insurance provider. We hereby authorize officials representing Lincolnwood Baseball Association to obtain emergency medical treatment for my child for any illness and or injury required while participating in the Lincolnwood Baseball Association program.

Parent / Guardian _____ Date _____