



## WEST CENTRAL SPORTS COMPLEX SOFTBALL/BASEBALL LITTLE LEAGUE

### PLAYER REGISTRATION FORM – 2007 SPRING SEASON

**\*\*\*REGISTRATION WILL NOT BE COMPLETE UNTIL THE FOLLOWING ITEMS ARE RECEIVED:  
FEE, COPY OF BIRTH CERTIFICATE, PICTURE ID, PROOF OF GUARDIANSHIP, MEDICAL RELEASE.**

TODAYS DATE _____		BIRTH DATE: _____	
NAME OF PLAYER _____		LEAGUE AGE: _____	
ADDRESS _____		COACH: _____	
CITY, ZIP _____	SHIRT SIZE _____	YOUTH S M L	
HOME PHONE _____		ADULT S M L XL XXL	
PARENT OR LEGAL GUARDIAN		CURRENT SCHOOL ATTENDING	
NAME _____		NAME _____	
PHONE _____		GRADE _____	
VOLUNTEER? Yes/No _____	*Please note: There will be no refunds!		
<b>*AGE AS OF AUGUST 1<sup>ST</sup> BOYS</b>		<b>FEES</b>	
<b>FEES</b>	T-Ball (3-6 YRS. OLD)	\$65.00	<b>GIRLS SOFTBALL TEAMS</b> AGES 8 AND UNDER AGES 10 AND UNDER AGES 12 AND UNDER \$65.00  <b>*AGE AS OF JANUARY 1<sup>ST</sup> FOR GIRLS</b>
BASEBALL: PITCHING MACHINE (AGES 7 AND 8) MINOR 10 AND UNDER)		\$65.00	
MAJOR (12 AND UNDER)		\$65.00	
PONY (13-15 YRS. OLD)		\$65.00	
Make check payable to " West Central Youth Baseball League" * Your Registration Fee is Tax Deductible!			

<b>PLEASE NOTE:</b>		<b>DEADLINE:</b>	
***THERE WILL BE NO REFUND***		Saturday, February 24, 2007	
NO EXCEPTIONS!!!!		After February 24 <sup>th</sup> , players will be placed on a waiting list and \$20 late fee applies	
LATE FEE _____	Add \$20.00 late fee after March 2 <sup>nd</sup>		
TOTAL PAID _____	TOTAL AMOUNT PAID FOR THIS PLAYER: _____		

**PARENTAL CONSENT AND RELEASE**

As a parent or legal guardian of the above named player, I hereby give my consent to his/her participation in any and all West Central Sports Complex Youth Baseball (WCSCYB) Softball/Little League activities during the current season. Furthermore, by signing below I hereby release coaches, organizers, and participants of WCSCYB Softball/Little League and the City of Little Rock from any and all liability resulting from injuries or damages incurred while the above named player is participating in any event sponsored by WCSCYB Softball/Little League. On behalf of the above named player, I accept any and all risk. **I ALSO UNDERSTAND THAT THERE WILL BE NO REFUND.**

ALSO, THERE WILL BE A \$30 RETURNED CHECK FEE.

Signature \_\_\_\_\_ Date \_\_\_\_\_

LEAGUE USE ONLY	
Comments: BIRTH CERTIFICATE __ YES __ NO PROOF OF GUARDIANSHIP __ YES __ NO CURRENT PICTURE ID __ YES __ NO	TOTAL FEE PAID? _____ CASH _____ CHECK
Would player be interested in participating in the end of the year banquet? <p style="text-align: center;">Yes/No</p> Additional \$20 fee will apply. This will cover a player award and dinner for three (player and two guests). Payment is due by May 31, 2007.	MEDICAL RELEASE __ YES __ NO  CODE OF CONDUCT FORM __ YES __ NO CURRENT PICTURE ID? __ YES __ NO DATE RECEIVED? _____

