

Northwest Washington Little League
P.O. Box 39071
Washington, DC 20016

NWLL PREP AND SENIOR DIVISIONS
Spring 2008 REGISTRATION
DUE January 15, 2008

Please Print Neatly and Provide All Information Requested

PLAYER'S NAME _____
DATE OF BIRTH _____ **SEX** _____ **SCHOOL** _____
STREET ADDRESS _____
CITY, STATE & ZIP _____
MOTHER'S NAME _____ **Tel H** _____ **W** _____
FATHER'S NAME _____ **Tel H** _____ **W** _____
E-Mail Addresses: **Mother** _____ **Father** _____

REGISTRATION FEES*	\$ 150
COACHING CONTRIBUTION	\$ 150
FIELD MAINTENANCE CONTRIBUTION	\$ _____
TOTAL AMOUNT ENCLOSED	\$ _____

* Deduct \$25 early payment discount for payments prior to 1/15/08

Please Read Cover Memo on Coaching Fee Contributions

REGISTRATION FEES ARE NOT REFUNDABLE UNLESS PLAYER IS NOT PLACED ON A TEAM

FEE WAIVERS ARE AVAILABLE TO THOSE OTHERWISE UNABLE TO PARTICIPATE.

Please check here to request a fee waiver _____

Please indicate your preferred level of play: (we will try our best to accommodate requests)

Prep (league age 13) _____

Senior (league age 14 and older) _____

The Northwest Washington Little League is run by volunteers. We welcome your help and financial support. Please indicate ways you are willing to assist our program.

Coordinate Team Communications _____ Serve on a NWLL Committee _____

Liability Waiver and Certification of Eligibility

As parent or legal guardian of the above named child, I affirm that the information on this form is correct. Further, I grant permission for my child to participate in all activities of the NWLL program. I acknowledge that there are risks attendant to my child's participation and I assume all risks and hazards incidental to such participation, including risk of injury. I hereby release and waive all claims against the Northwest Washington Little League, Inc. and its officers, directors, coaches, sponsors, umpires, volunteers and other participants. I further grant permission for emergency first aid to be given to my child in case of injury.

Signature of Parent or Guardian _____ **Date** _____

Please return this form, with your check payable to the "Northwest Washington Little League", as soon as possible to the above address. For further information call (202) 686-1222.