



RUTHERFORD LITTLE LEAGUE, INC.

P.O. Box 427, Rutherford, NJ 07070-0427

In conjunction with the
RUTHERFORD RECREATION DEPARTMENT

Application to Play

Little League **SOFTBALL**
2018 Season

PLAYER'S NAME

Last		First	DATE OF BIRTH		
			Mo.	Day	Year
					2 0

STREET ADDRESS

HOME TELEPHONE NO.

CITY:

 Rutherford NJ 07070 Other: Player bats: Left Right BothThrows: Left Right

I, the Parent / Legal Guardian of the above named candidate for a position on a Rutherford Little League Junior, Major, Minor, or Tee Ball Softball team, hereby give my approval to participate in any and all Little League activities. I assume all risks and hazards incidental to such participation including transportation to and from the activities, and I do hereby waive, release, absolve, indemnify and agree to hold harmless the Rutherford Little League, Inc., Little League Baseball, Inc., the organizers, sponsors, supervisors, participants and persons transporting my child to and from activities, for any claim arising out of injury to my 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 understand that Little League Accident Insurance coverage is supplemental to any and all family and individual insurance plans. I am familiar with the sport of baseball and, to the best of my knowledge, my child is physically able to participate in this sport.

I agree to return, upon request, the uniform (shirt, pants and socks) and other equipment issued to my child in as good a condition as when received except for normal wear and tear. I will furnish a legal Certificate of Birth of the above named candidate to the Board of Directors of the Rutherford Little League, Inc., upon request. I certify that the player named on this application lives or attends school within the boundaries of the Borough of Rutherford, Bergen County, New Jersey, at the time of initial application, and I will provide documentation of such residence or school enrollment upon request.

I am aware that the Rutherford Little League, Inc., mandates the use of a batting helmet with a face guard while batting, running the bases, or coaching the bases during games and practices, and that use is mandatory for all players. The use of a face guard while pitching or playing the infield is also mandatory for all Junior and Major Softball players.

I grant permission to the League to use photographs of myself or my child in promotions for the League. I understand that such images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

This player application enrolls my child for the 2018 season, from September 2017 through December 2018. However, if my child must be evaluated for the 2019 Softball season, a new player application must be completed for the 2019 season at the time of evaluations.

X

SIGNATURE OF PARENT OR LEGAL GUARDIAN

Today's Date

 Mother Father Other (specify) _____

Parent's E-Mail Address (for team/league use only) _____

Examples: john_doe@my.isp.com, JohnDoe123@aol.com

ADDITIONAL INFORMATION

NOTE: League Age is the player's age on December 31 of the previous year. For the 2018 season, players must be born from January 1, 2003, to December 31, 2013. Players born in 2003 are league age 14, etc.