

McKinney Little League Baseball

Spring 2010 REGISTRATION FORM

Registration will run from December 11th, 2009- February 7, 2009

Season will be from March 22th – June 15th

Mail registration form & payment to:
5100 Eldorado Pkwy Ste 102-291 , McKinney, TX 75070

*****PLEASE DO NOT DROP OFF AT THE MAILSTOP IN PERSON
DO NOT TAKE TO OR MAIL TO THE BALLFIELDS AT CRAIG RANCH

Registration Fees: (Note: Non-Residents of McKinney add \$10.00 per City requirements)

****** Division determined by age of player as of 4/30/2010. ******

Age	Dates of Birth	Division	Cost	Number of Games Played
Age 4	As of April 30, 2010	4 YEAR OLD T-BALL – <i>straight T-Ball</i>	\$ 55	Will play 1 game a week
Ages 5-6	As of April 30, 2010	T-BALL – <i>played where the coach pitches 3 balls and then sets up the Tee.</i>	\$ 55	Will play 1 game a week
Ages 7-8	As of April 30, 2010	COACH PITCH – <i>the coach will pitch 6 pitches.</i>	\$ 70	Will play 1 game a week
Age 8	As of April 30, 2010	MODIFIED KID PITCH – <i>for players who are ready to experience pitching.</i>	\$ 80	Will play 12 – 14 games
Ages 9-10	As of April 30, 2010	MINOR LEAGUE – <i>first year of kid pitch – tight bases</i>	\$ 80	Will play 12 – 14 games
Ages 11-12	As of April 30, 2010	MAJOR LEAGUE – <i>more advanced kid pitch – tight bases.</i>	\$ 90	Will play 12 - 16 games
Ages 13-14	As of April 30, 2010	JUNIOR LEAGUE – <i>loose bases...balks...some travel within 15 miles</i>	\$100	Will play 12 – 16 games
Ages 15-16	As of April 30, 2010	SENIOR LEAGUE – <i>loose bases...balks...some travel within 15 miles</i>	\$100	Will play 12 – 16 games

PLEASE PRINT

Parent Information

PARENT(s) First Name _____ Last Name _____

ADDRESS _____ CITY _____ ZIP _____

HOME PHONE () _____ WORK PHONE () _____ CELL PHONE () _____

Home E-MAIL ADDRESS _____

Work E-MAIL ADDRESS _____

I AM WILLING TO VOLUNTEER:

I would like to Coach _____ Assistant Coach _____ Team Mom _____ Board Member _____.

PLAYER INFORMATION

CHILD'S NAME: (FIRST) _____ (LAST) _____

SEX: [] M [] F AGE AS OF 4/30/10 _____ BIRTHDATE _____ DIVISION _____

Shirt Size (Please circle) YS YM YL AS AM AL AXL AXXL

Important: Returning Team Name _____ and PIN # via Head Coach _____

Player Evaluations are on Feb 20th Location TBD

Check www.mckinneyllb.com for details

REFUND POLICY –No refunds after the season starts (\$25 admin fee applies).

PARENT MUST SIGN ON BACK OF FORM!!!

COACHING: If you want to coach please e-mail registration@mckinneyllb.com and let me know what division and what team names (provide 3 minimum) you want to be. You will be contacted to let you know if we have enough players for you to coach. ***Please note that ALL coaches and assistants are required to complete a background check for every spring season (or fall season if you did not coach in the spring).

Returning teams may stay together now, from league to league - see web site for requirements.

NOTE: Returning teams/coaches must provide their new team Pin # to each player, BEFORE they register.

IMPORTANT: ALL COACHES WILL BE REQUIRED TO ATTEND THE DRAFT/COACHES MEETING TO TURN IN YOUR BACKGROUND CHECKS AND CONFIRM THEIR TEAM ROSTERS.

Thanks,
MLLB

I/WE, THE PARENTS OF THE ABOVE NAMED CANDIDATE FOR A POSITION ON A LEAGUE TEAM, HEREBY GIVE MY/OUR APPROVAL TO PARTICIPATE IN ANY AND ALL LEAGUE ACTIVITIES, INCLUDING TRANSPORTATION TO AND FROM THE ACTIVITIES.

I/WE KNOW THAT PARTICIPATION IN BASEBALL 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 LEAGUE, LITTLE LEAGUE BASEBALL INC., THE ORGANIZERS, COACHES, SUPERVISORS AND PARTICIPANTS FOR ANY CLAIM ARISING OUT OF AN 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, THIS WAIVER, RELEASE AND INDEMNITY ALSO INCLUDES ANY PERSONS TRANSPORTING MY/OUR CHILD TO AND FROM ACTIVITIES FOR ANY CLAIM.

Parent's Code of Ethics

- I will encourage good conduct and sportsmanship by demonstrating positive support and respect for all players, coaches and officials at every game.
- I will do my best to make youth baseball enjoyable for my child and remember that the program is intended for them and not the parents or fans.
- I will place the emotional and physical well being of my child ahead of any personal desire to win.
- I understand that as a parent, it is my responsibility to see that my child attends practices as well as games.
- I realize that this organization is a non-profit organization and volunteers carry on the sports program. Therefore, I further agree to give support and assistance to the player's teammates and coaches as my time allows.

SIGNATURE _____

DATE _____ / _____ / 2010