

RAMAPO LITTLE LEAGUE FALL BALL 2011

Last, First Name _____ **2012 Division** _____

BIRTHDATE _____ SEX (M/F) _____
 SHIRT SIZE _____ PANT SIZE _____
 HOME PHONE _____ E-MAIL _____
 SCHOOL _____ GRADE _____
 STREET _____
 CITY/STATE/ZIP _____
 HOSPITAL PLAN _____

UNIFORM SIZES	
SHIRT	
YS	(24 – 26)
YM	(28 – 30)
YL	(32 – 34)
AS	(30 – 32)
AM	(38 – 40)
AL	(42 – 44)
AXL	(46 – 48)
AXXL	(48 – 50)
PANTS	
YS	(20 – 22)
YM	(24 – 26)
YL	(26 – 28)
AS	(28 – 30)
AM	(32 – 34)
AL	(36 – 38)
AXL	(40 – 42)

Mother's Info

NAME _____
 WORK # _____
 CELL # _____
 EMAIL _____

FATHER'S INFO

NAME _____
 WORK # _____
 CELL # _____
 EMAIL _____

EMERGENCY CONTACT INFO

NAME _____
 RELATIONSHIP _____
 PHONE # _____

MEDICAL NOTES _____

NOTES/SPECIAL REQUESTS _____

I Hereby give the Ramapo Little League Board of Directors Permission to use my child's name and picture on the Ramapo Little League Website and Yearbooks. (PLEASE INITIAL & DATE)

Parent or Guardian Signature: _____
 Date: _____

I am interested in: _____ Being a Manager
 _____ Being a Coach
 _____ Being on the Board of Directors
 _____ Putting up a sponsor sign at Rella Fields
 _____ Making a cash contribution of \$50 or more.

Age	Division	Fee**
Child's age by 4/30/12 He / she will play in:		
7 thru 8		\$50
9 thru 10		\$75
11 thru 12		\$75
13 thru 14		\$100
** All registrations must be in by 8/1/11 or a \$15 late fee will be applied		
<i>Make checks payable to "Ramapo Little League"</i>		
Division/Fee Due	_____	
- Family Discount***	_____	
+ Late Fee if >8/01	_____	
+ Donation	_____	
= Total Amount Due	_____	
Bank / Check #	_____	
*** Family Discounts are 10% for 2 + players		

I hereby acknowledge that I have read and agree to the Ramapo Little League Waivers/Statements on page 2 of this registration form. (NOTE: DO NOT PRINT AND SEND IN PAGE 2)

PARENT or GUARDIAN Signature: _____

Date: _____

THIS FORM IS ONLY FOR PLAYERS WHO ARE NEW TO THE RAMAPO LITTLE LEAGUE. RETURNING PLAYERS SHOULD USE THE REGISTRATION FORM MAILED TO THEM. FOR MORE INFO SEE WEBSITE:

RamapoLittleLeague.org

Send form, birth certificate and proof of residency to: Ramapo Little League, P.O. Box 627, Tallman, N.Y. 10982 Registrations received after 8/1/2011 are subject to a \$15 late fee and possible wait listing.

WHEN REGISTERING FOR THE RAMAPO LITTLE LEAGUE, PARENTS MUST REVIEW THE FOLLOWING AND ACKNOWLEDGE THEIR UNDERSTANDING/AGREEMENT. YOU DO NOT NEED TO PRINT AND SEND THIS IN.

Parental Registration Waivers

1. I/We, the parents/guardians of the above-named candidate for a position on a Little League team, hereby give my/our approval to participate in any and all Little League activities, including transportation to and from the activities.
2. I/We know that participation in baseball or softball 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 Little League, Little League Baseball, Incorporated, the organizers, sponsors, supervisors, participants, and persons transporting my/our child to and from activities from any claim arising out of any injury to my/our child whether the result of negligence or for any other cause.
3. I/We agree to return upon request the uniform and other equipment issued to my/our child in as good conditions as when received except for normal wear and tear.
4. I/We agree that our child (candidate) may be required to try out for a team. If such does not attend at least 50 percent of the tryouts, local Board-of -Directors' approval is required for such candidate to be placed on a team.
5. I/We understand that our child (candidate) may be chosen at anytime to play on a Major Division team, if he or she is of the correct age for such division as determined by the local league and Little League Baseball. Declining to move up to such Major Division team will result in forfeiture of eligibility for the Major Division for the current season, and may be subject to further restrictions by the local league.
6. I/We agree to provide proof of legal residence (as defined by Little League Baseball, Incorporated) and age. I/We understand that our child (candidate) must be eligible under the residence and age regulations of Little League Baseball, Incorporated, to participate in this Local League, and that if any controversy arises regarding residence and/or age, the decision of the Charter Committee in Williamsport shall be final and binding. I/We further understand that if any participant on a Little League team does not qualify for participation in the league based on residence (as defined by Little League Baseball, Incorporated) and/or age, such participant and/or team on which he/she participates be found ineligible, and forfeit(s) and/or suspension of Tournament privileges may be decreed by action of the Charter Committee or Tournament Committee.
7. I/We will furnish a certified birth certificate of the above-named candidate to League Officials.
8. I/We understand that the league will post parent and player codes of conduct on the Internet site and may amend them from time to time. I/we will be expected to review and agree to them or otherwise specifically make any problems with acceptance known to the board of the league.

WHAT PARENTS SHOULD KNOW ABOUT LITTLE LEAGUE INSURANCE

WARNING: Protective equipment cannot prevent all injuries a player might receive while participating in Baseball.

The Little League Insurance Program is designed to afford protection to all participants at the most economical cost to the local league. The Little League Player Accident Policy is an excess coverage, accident only plan, to be used as a supplement to other insurance carried under a family policy or insurance provided by parent's employer. If there is no primary coverage, Little League insurance will provide benefits for eligible charges, up to Usual and Customary allowances for your area, after a \$50.00 deductible per claim, up to the maximum stated benefits.

This plan makes it possible to offer exceptional, affordable protection with assurance to parents that adequate coverage is in force for all chartered and insured Little League approved programs and events.

If your child sustains a covered injury while taking part in a scheduled Little League Baseball or Softball game or practice, here is how the insurance works:

1. The Little League Baseball accident notification form must be completed by parents (if the claimant is under 19 years of age) and a league official and forwarded directly to Little League Headquarters within 20 days after the accident. A photocopy of the form should be made and kept by the parent/claimant. Initial medical/dental treatment must be rendered within 30 days of the Little League accident.
2. Itemized bills, including description of service, date of service, procedure and diagnosis codes for medical services/supplies and/or other documentation related to a claim for benefits are to be provided within 90 days after the accident. In no event shall such proof be furnished later than 12 months from the date the initial medical expense was incurred.
3. When other insurance is present, parents or claimant must forward copies of the Explanation of Benefits or Notice/Letter of Denial for each charge directly to Little League Headquarters, even if the charges do not exceed the deductible of the primary insurance program.
4. Policy provides benefits for eligible medical expenses incurred within 52 weeks of the accident, subject to Excess Coverage and Exclusion provisions of the plan.
5. Limited deferred medical/dental benefits may be available for necessary treatment after the 52-week time limit when: (a) Deferred medical benefits apply when necessary treatment requiring the removal of a pin /plate, applied to transfix a bone in the year of injury, or scar tissue removal, after the 52-week time limit is required. The Company will pay the Reasonable Expense incurred, subject to the Policy's maximum limit of \$100,000 for any one injury to any one Insured. However, in no event will any benefit be paid under this provision for any expenses incurred more than 24 months from the date the injury was sustained. (b) If the Insured incurs Injury, to sound, natural teeth and Necessary Treatment requires treatment for that Injury be postponed to a date more than 52 weeks after the injury due to, but not limited to, the physiological changes of a growing child, the Company will pay the lesser of:
 1. A maximum of \$1,500 or
 2. Reasonable Expenses incurred for the deferred dental treatment. Reasonable Expenses incurred for deferred dental treatment are only covered if they are incurred on or before the Insured's 23rd birthday. Reasonable Expenses incurred for deferred root canal therapy are only covered if they are incurred within 104 weeks after the date the Injury occurs. No payment will be made for deferred treatment unless the Physician submits written certification, within 52 weeks after the accident, that the treatment must be postponed for the above stated reasons. Benefits are payable subject to the Excess Coverage and the Exclusions provisions of the Policy.