



**NORTHWEST FORSYTH AMERICAN LITTLE LEAGUE
FALL 2010 BASEBALL & SOFTBALL APPLICATION**



**Deadline for Registration: Saturday, August 28, 2010(must be postmarked by 8/28/2010)
LATE FEE: \$10 late fee applies to applications not received by 8/28/2010**

Please circle the AGE GROUP you would like to play in.(Player Age see note below)**

***Players are encouraged to play up into the next higher division in the fall according to age.
Player's age is as of 4/30/10 for baseball divisions, 12/31/09 for softball divisions.

BASEBALL DIVISIONS: Kid Pitch Group 1(**age 9 & 10**), Kid Pitch Group 2(**age 10, 11, 12**)
Machine pitch Ages **7&8** Juniors: Ages **13, 14 yr.**; Seniors: **Ages 15, 16 yr.**

SOFTBALL DIVISIONS : Minors: Ages 6, 7, 8, 9, 10 yr.; Majors: Ages 10, 11, 12 yr.; Jr./Sr.: Ages 13, 14, 15, 16 yr.
T-ball: NONE-Players that have played at least 1 year of T-ball and are league age 6 may play Machine Pitch or CP Softball

REGISTRATION FEE: All divisions \$65 per player/\$10 late fee after 8/28/2010.

MAIL TO: Northwest Forsyth American Little League, P.O. Box 375, Pfafftown, NC 27040

Please make all checks payable to Northwest Forsyth American Little League (NWFALL)

Tryouts: None-you will be contacted by your coach after Sept 10th

Special requests must be submitted to the Player Agent **in writing, under separate cover.**
Please check our website at www.nwfall.org for updates!

Player's Name: _____ Baseball Softball
 Player's Date of Birth: _____ **(New Players please attach photocopy of birth certificate.)**
 Home Address/City/Zip Code: _____
Please check if your address has changed from last season
Is this your first season with NWFALL ? YES NO
If NO, please list the Division, team, and year played. _____
If YES, is this your first season playing Little League ? YES NO
If you previously played in another league, please list League, Division, and year(s). _____

Parents/Guardian/Contact Person Information

Name: _____
 Home Phone # _____
 Daytime Phone # _____
 Cell Phone # _____
 E-Mail Address _____
 Does your child have any physical limitations ? _____

Please check if you would like to manage or coach a team. If so, please complete a separate application for Board approval.

If you have any questions or comments, please address them to Northwest Forsyth American Little League, P.O. Box 375, Pfafftown, NC 27040, Attn: Player Agent.

Please verify that all information is complete.

We the parents of the above-named player give approval to participate in any and all Little League activities including transportation to and from activities.
 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 Northwest Forsyth American Little League, Inc, Little League Baseball ,Inc, the organizers, sponsors, supervisors, participants, and person transporting my/our child to and from activities for any claim arising out of any 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. I have read and understand the above and certify the facts are true.

Parent/Guardian Signature: _____ **Date:** _____

For league recordkeeping purpose only Check#/Cash _____ Amt _____ Date _____ Initials _____ SCH _____ Input Date _____

For information only. This is not a program of Winston-Salem/Forsyth County Schools. It is not endorsed or supported by the school system.