

# McKinney Little League Baseball

## Summer 2010 REGISTRATION FORM

### Registration will run from June 1st-June 14th

### Season will be from June 21st – July 25th

**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	Run Rule
Age 4	As of April 30, 2010	BEGINNING T-BALL – <i>straight T-Ball</i>	\$ 25	none
Ages 5-6	As of April 30, 2010	ADVANCED T-BALL – <i>Coach pitches 3 balls and then sets up the Tee.</i>	\$ 25	none
Ages 7-8	As of April 30, 2010	COACH PITCH – <i>the coach will pitch 6 pitches.</i>	\$ 30	none
Age 8	As of April 30, 2010	MODIFIED KID PITCH – <i>for players who are ready to experience pitching.</i>	\$ 35	none
Ages 9-10	As of April 30, 2010	MINOR LEAGUE – <i>first year of kid pitch – tight bases</i>	\$ 35	10 after 4, 8 after 5
Ages 11-12	As of April 30, 2010	MAJOR LEAGUE – <i>more advanced kid pitch – tight bases.</i>	\$ 35	10 after 4, 8 after 5
Ages 13-14	As of April 30, 2010	JUNIOR LEAGUE – <i>loose bases...balks...some travel within 15 miles</i>	\$40	15 after 3, 10 after 4, and 8 after 5

**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** \_\_\_\_\_

Check [www.mckinneyllb.com](http://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](mailto: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/summer 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.

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