

# Niceville-Valparaiso Little League--2003 Registration Form

Player's Last Name: \_\_\_\_\_ Player's First Name: \_\_\_\_\_

Player's Birth Date: \_\_\_\_\_ Player's Sex: \_\_\_\_\_ Player's Years of Experience: \_\_\_\_\_  
 (mm/dd/yy)

Player Lives With: Mother and Father \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_  
 (check one)

Comments: \_\_\_\_\_

**For NVLL Use Only**

League Age \_\_\_\_\_

Validator's Initials \_\_\_\_\_

### Uniform Sizes--For NVLL Use Only

Shirt Size	Pant Size	Sock Size	Belt Size	Hat Size
Youth-Sm	Youth-XSm (20)	T-Ball (4-7)	Youth (Up to 28")	Youth (6 1/4 - 6 7/8)
Youth-Med	Youth-Sm (20-22)			
Youth-Lg	Youth-Med (24-26)			
Adult-Sm	Youth-Lg (28-30)			
Adult-Med	Youth-XLg (32-34)	Youth (8-11)	Adult (Above 26")	Adult
Adult-Lg	Adult-Sm (28-30)			
Adult-XLg	Adult-Med (32-34)			
Adult-XXLg	Adult-Lg (36-38)			
	Adult-XLg (40-42)	Adult (9-15)		

#### Father

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phones: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Extension: \_\_\_\_\_ Mobile: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Volunteer: (check one)    Manager \_\_\_\_\_    Coach \_\_\_\_\_    Umpire \_\_\_\_\_    Team Mom \_\_\_\_\_

#### Mother

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phones: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Extension: \_\_\_\_\_ Mobile: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Volunteer: (check one)    Manager \_\_\_\_\_    Coach \_\_\_\_\_    Umpire \_\_\_\_\_    Team Mom \_\_\_\_\_

#### Refund Policy:

If a player withdraws before 8 Feb, the refund will be the registration fee minus \$10  
 If a player withdraws between 8 Feb and 15 Mar, the refund will be the registration fee minus \$40.  
 If a player withdraws after 15 Mar, there will be no refund.

I agree to allow our child to participate in NVLL youth baseball and all associated activities.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For NVLL Use Only**

Do the parents live within the city limits of Niceville or Valparaiso? Yes \_\_\_\_\_ No \_\_\_\_\_

Was the birth date verified by a birth certificate? Yes \_\_\_\_\_ No \_\_\_\_\_ Initials \_\_\_\_\_

Did the parents sign the Medical Release Waiver? Yes \_\_\_\_\_ No \_\_\_\_\_

**For NVLL Use Only**

Reg Fee _____	}	<b>Validator Initials</b> _____
Non-Res Fee _____		
Late Fee _____		
Scholarship _____		
Total _____		

  

Cash Paid _____	}	<b>Cashier's Initials</b> _____
Check # _____		
Check Amt _____		

**Entered Into Database** \_\_\_\_\_