

2017 McHenry Pigtail League Fall Ball Registration Form

Player Name _____ Birth Date _____
 Address _____ Age _____
 City _____ Zip _____ Home Phone _____
 Email _____ Cell Phone _____
 School _____ Grade _____

Health Issues / Special needs - please explain _____
 Dad / Guardian _____ Mom / Guardian _____
 Cell Phone _____ Cell Phone _____
 Email _____ Email _____
 Name of Sister in same Division _____
 Emergency Contact _____ Phone Number _____

Player Bats L or R Player Throws L or R Years Pitching _____ Years Catching _____
 Years in MPTL _____ Years Other _____ Explain _____

** All players will be placed in an open draft. **

Proof of age will need to be verified for all players new to the MPTL and all players who failed to show proof last season
 Requests for teams/manages/coaches, etc. will be noted, but not guaranteed.

Divisional cutoff will be based on age as of January 1st 2017, All Players have the option to play up one division.

| | | | | | | |
|-----------|-----|-----|------|-------|-------|-------|
| Division | 6U | 8U | 10U | 12U | 14U | 16U |
| Ages | 5-6 | 7-8 | 9-10 | 11-12 | 13-14 | 15-16 |
| Check One | | | | | | |

All players are encouraged to participate in the division they will be playing in next spring.

Jersey Size Girls S Girls M Girls L Ladies S Ladies M Ladies L Ladies XL

| | | | | |
|-------------------|----------------------|-----------------------|-----------------------|--|
| Registration Fees | 1 Player \$ 35.00 | 2 Players \$ 60.00 | 3 Players \$ 75.00 | If interested in managing or coach, please fill out an application and background check for consideration. |
|-------------------|----------------------|-----------------------|-----------------------|--|

| | | | |
|-------------------------------------|---------|---|---------------|
| I am interested in: (Circle One) | Manager | Assistant Coach | Parent Helper |
| Name & Phone Number: _____ | | **Application and background check required** | |

MPTL Use Only

Payment - Cash / Check Amount \$ _____ Check # _____ Childs name on check - Yes / No
 Birth Cert - Yes / No Background Check required - Yes / No
 Sister in same division - Yes / No Shirt Size Verified - Yes / No

As parent or legal guardian of the above applicant, in consideration and acceptance of this application, I do waive, release, and agree to defend, hold harmless any and all claim versus the McHenry Pigtail League. I understand that this shall apply to all cooperating agencies, their representatives, agents and or assignees for any and all damages which may be sustained by the applicant in travel to or from and participation in softball games, practices or other league sponsored activities.

As parent or legal guardian, I assume responsibility for the applicant's actions and conduct as well my own conduct at all such league-sponsored activities.

I agree that the McHenry Pigtail League may post photos of my child on its website.

I agree that the McHenry Pigtail League reserves the right to eject or suspend any participant or spectator as a result from their misconduct. I understand that any actions of this nature shall be reviewed and acted upon by the McHenry Pigtail League Board of Directors in accordance to McHenry Pigtail League By-laws and league policy.

Date _____ Signature _____

Mail registration, along with payment and copy of birth certificate, to:
 McHenry Pigtail League, PO Box 1091 McHenry, IL. 60051.
 For more information about the league please visit www.mchenrypigtail.com