Nottingham Little League

P.O. Box 2521 - Hamilton Square, NJ 08690
Telephone: (609) 587-6505
2020 Application

Player Info:

Player's Name: _____
Parent's Name: _____
Street Address: _____
City, State Zip: _____
Parent Phone: _____
Parent Email: _____
Birthdate: _____
2019 League _____ 2019 Team _____

Brothers and Sisters applying to N.L.L. this season:

Name: _____
Name: _____

Other Parent if Different:

Other Parent's Name: _____
Other Parent Address: _____
City, State Zip: _____
Parent Phone: _____
Parent Email: _____

NLL League use only

PlayerID: _____
LeagueAge: _____
New Applicants:
_____ Birth Certificate
_____ Boundary
Registration Fee: _____
Batting Clinic: _____
Pitching Clinic: _____
Catching Clinic: _____
Fundraiser: $75
Late Fee: $0 / $25
_____Cash
_____Check (Number / Date_____)
_____Credit Card (3% Fee _____)
Total Fee: _____
Rec'd By: _____
Notes: _____

Applying For:

_____ 50/70 _____ Majors _____ Minors _____ International _____ T-Ball _____ Challenger

Nottingham Little League is a volunteer organization created to provide boys and girls of Hamilton Township the opportunity to play organized baseball. As members of this organization, parents are required to volunteer for both field work and in the concession stand at various times during the year which will be assigned to your teams by the league. In addition, you may volunteer to serve in the following capacities:

____ Manager **____ Coach** **____ Father or Mother Representative**

____ Scorekeeper **____ Executive Board** **____ Ladies Auxiliary**

____ Special Skills (Carpenter, P/C, etc.) _____

It is distinctly understood by the applicant, and his/her parents or guardians, that League, Managers, Sponsers, and all officials shall not be held personally liable for any injury or injuries sustained by the applicant while playing, practicing, traveling, or participating in any activity sponsored by the league. The signing of this application shall be considered as a waiver of any claim of liability in the event of an injury.
Each applicant, parent or guardian, however, is advised that the insurance carried by the league will cover the cost of medical treatment for any injury to the extent of $10,000.
WARNING: Protective equipment cannot prevent all injuries a player might receive while participating in Baseball/Softball.

Please specify any medical problems your child's Manager or Coach should be aware of (Put N/A if Not Applicable):

_____

To the best of my knowledge, the applicant is physically fit to play baseball.

_____ _____
Date Signature of Parent or Guardian