



# REGISTRATION APPLICATION

## PLAYER INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_  
 Address: \_\_\_\_\_, **San Diego, CA** Zip: \_\_\_\_\_  
 Home Phone No. \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex: M F

## PARENT/GUARDIAN INFORMATION

**Father:** Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
 Occupation \_\_\_\_\_ Work/Cell Phone No. \_\_\_\_\_  
 E-mail Address \_\_\_\_\_

**Mother:** Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
 Occupation \_\_\_\_\_ Work/Cell Phone No. \_\_\_\_\_  
 E-mail Address \_\_\_\_\_

### IN CASE OF AN EMERGENCY, CONTACT PARENTS OR:

Doctor \_\_\_\_\_ Phone No. \_\_\_\_\_  
 Friend/Relative \_\_\_\_\_ Phone No. \_\_\_\_\_  
 Relationship \_\_\_\_\_

I/We, the parents of the above named child, do hereby give consent for participation of our child in any and all Little League activities. I/We assume all risks and hazards incidental to such participation. I/We understand that any available insurance may be used in the absence of any personal insurance that I/We may have. I/We understand that all equipment and uniforms issued remain the property of the Clairemont Hilltoppers Little League, (unless otherwise specified) and **must be returned in good condition, after the child's last game has been played.** I/We understand that the above named child **cannot play on a tournament team** without a certified original birth certificate. Furthermore, I/We understand that **at least one parent or guardian** must attend a **mandatory Parent Orientation** and that a **uniform will not be issued** to the above named child, until all monies from league fundraisers are turned into the league.

Signature of Parent/Guardian completing application \_\_\_\_\_ Date: \_\_\_\_\_

How did you hear about Hilltoppers registration this year? \_\_\_\_\_

### REGISTRATION FEE IS HALF PRICE FOR SIBLINGS (2ND OR 3RD CHILD)

#### PLEASE SELECT ONE OF THE FOLLOWING PAYMENT OPTIONS

Option	Registration Fee	Fundraiser Candy Sale*	Buyout Option	Donation	Refundable Volunteer Deposit**	Total Due	Sibling Discount
<input type="checkbox"/> #1	\$68.00	\$180.00	\$0.00		\$50.00	\$298.00	<input type="checkbox"/> -\$34.00
<input type="checkbox"/> #2	\$88.00	\$120.00	\$0.00		\$50.00	\$258.00	<input type="checkbox"/> -\$44.00
<input type="checkbox"/> #3	\$88.00	\$0.00	\$60.00		\$50.00	\$198.00	<input type="checkbox"/> -\$44.00

*IF PAYING BY CHECK, YOU MAY WRITE SEPARATE CHECKS FOR REGISTRATION, FUNDRAISER AND VOLUNTEER DEPOSIT*

\* Option #1: You sell (90) \$2.00 candy bars. • Option #2: You sell (60) \$2.00 candy bars.

You recoup all fundraiser money by selling the candy. Fundraiser checks may be postdated to February 1, 2018.

\*\*After six volunteer hours per child, volunteer deposit will be returned to you. Deposit is per child – maximum of \$100 per family.

#### FOR LEAGUE USE ONLY:

**Paid by:**  Cash  Credit Card  Check # \_\_\_\_\_ / # \_\_\_\_\_ / # \_\_\_\_\_

TRYOUT NO.: \_\_\_\_\_ LEAGUE AGE: \_\_\_\_\_ AGE VERIFIED: \_\_\_\_\_ RES. VERIFIED: \_\_\_\_\_ PLAYED LAST YEAR: **Y N**