Nottingham Little League

P.O. Box 2521 - Hamilton Square, NJ 08690

Telephone: (609) 587-6505

2021 Application

Player Info:

Player's Name: _____

Parent's Name: _____

Street Address: _____

City, State Zip: _____

Parent Phone: _____

Parent Email: _____

Birthdate: _____

2020 League _____ 2020 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: $50

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