

# BLACKWOOD KIWANIS LITTLE LEAGUE REGISTRATION

D'UnYffis Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_

I am registering for:  Baseball  Softball  Spring  Fall Year: \_\_\_\_\_

Shirt Size: **Youth** XS S M L XL      Pants Size: **Youth** XS S M L XL  
**Adult** S M L XL      **Adult** S M L XL

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Mother's E-mail: \_\_\_\_\_ Mother's Mobile Phone #: \_\_\_\_\_  
Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Father's E-mail: \_\_\_\_\_ Father's Mobile Phone #: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Comments: \_\_\_\_\_  
\_\_\_\_\_

Last Team Played For: \_\_\_\_\_ Division: \_\_\_\_\_ Season: \_\_\_\_\_

## **I am interested in helping the league in the following areas:**

Team Manager       Assistant Coach       Field Committee       Umpire  
 Ladies Auxiliary       Snack Stand Leader       Team Mom       Board member

Volunteer Signature: \_\_\_\_\_

(NOTE: All volunteers must also submit a background check application.)

## **SNACK STAND COMMITMENT:**

Every family in the league is asked to pay a one-time \$25 Work Bond. You will be assigned to work 1 night in the snack stand for **each child** you register. Once you have worked your assigned night(s), your Work Bond will be refunded.

### **Your Work Bond will be forfeited if:**

- A) You do not work your assigned night(s) during the season.
- B) You willingly choose not to help in the Snack Stand (Indicate this by checking the box below).

By signing below you are indicating that understand the Snack Stand / Work Bond Commitment.

Snack Stand Parental Signature: \_\_\_\_\_

- I prefer to work the Snack Stand during my child's game.  
 I prefer to work the Snack Stand when my child is **NOT** playing.  
 I do not wish to help in the Snack Stand, keep my Work Bond as compensation.

(\* League Use Only – Please Do Not Write Below This Line \*)

Amount Paid: \_\_\_\_\_  Cash/Check/Visa/MC \_\_\_\_\_  
 Total Amount of Tickets: \_\_\_\_\_  Ticket Numbers: \_\_\_\_\_  
 Work Bond  Birth Certificate  Code of Conduct  Tournament Policy  Medical Release  
Discounts:  How many? \_\_\_\_\_ Child(ren) name(s) and Division(s): \_\_\_\_\_  
League Age: \_\_\_\_\_ Division: \_\_\_\_\_ Team: \_\_\_\_\_  
League Official: \_\_\_\_\_ Date: \_\_\_\_\_  
League Comments: \_\_\_\_\_