

Cash/Check# _____ Amount _____

New Athens Little League 2024

Current Grades 2nd thru 8th:

\$75 one child, \$135 two children, \$185 three children (\$50 each additional child)

**** \$30 Refundable Deposit required per family ****

TBall: Pre-K thru 1st Grade: \$50:per child (must be 4 by January 1, 2024)

Player Name _____ Male ___ Female ___

Address _____

City _____ State _____ Zip _____

Date of Birth _____ Current Grade _____

Medical Problems/Allergies:

Insurance Provider _____ Policy # _____

Shirt Size: YS YM YL YXL AS AM AL AXL

Shirt Number: 1st Choice _____ 2nd Choice _____ 3rd Choice _____

Parent/Guardian Information

Name _____ Phone # _____

Emergency Contact

Relationship _____ Phone number _____

Volunteer: (check all that apply)

Name _____ Phone _____

_____ Coach

_____ Concession Stand

_____ Assistant Coach

_____ Umpire (paid per game)

I, the undersigned parent/guardian of the child on this form, give permission for my child to play New Athens Little League and will not hold the Little League, its managers, or its officers responsible for any injury that may occur during practice or a game, beyond the limits of the insurance. I further agree to return all property of the New Athens Little League at season end. No refunds will be given without a medical excuse from the doctor.

parent/guardian signature

Last Day to register is **February 28, 2024**
NO LATE REGISTRIES WILL BE ACCEPTED!!!!!!!

Forms and payment can be mailed or dropped of to: (Drop Box on Front Porch)

Lindsey Middendorf
1028 Spotsylvania St.
New Athens, IL 62264

Questions....Contact **Lindsey Middendorf** 618-363-4817