



CLIFTON NATIONAL LITTLE LEAGUE
 PO BOX 6109
 CLIFTON NJ 07015-6109
 973-489-8323

Mail in Your Registration or register online
2012 Spring Baseball
 Or visit us on the web... to register online
 www.cliftonnational.org
 Serving Clifton for over 60 years
 Lighted Fields, Certified Coaches, Family Friendly Schedules
MANDATORY PLAY RULES FOR ALL PLAYERS

2012 SPRING BASEBALL and T-BALL REGISTRATION

(Circle One) **BASEBALL (boys)** **T-BALL (mixed 5/6yr olds)**

One form per person

Name _____

Address _____

City _____ NJ Zip _____

Phone # _____ Sex: _____ Birthdate: ____/____/____ AGE: _____ (Boys as of 4/30/12)

School: _____ Grade: _____ BIRTH CERT: (on file) If unsure please include a COPY

Parents names: Dad _____ Mom _____ E-Mail _____

Does Parent(s) wish to volunteer for: (Please state Mom or Dad)

Manager _____ Coach _____ Asst Coach _____ Team Parent _____ Auxiliary _____

HOME FIELDS: SURGENT PARK

PLEASE READ THE FOLLOWING REQUIREMENTS:

- Parent/Guardian agrees to abide by the Little League Code of Conduct and the Rules of Clifton National League. Parent/Guardian recognizes that there will be a ZERO TOLERANCE toward profanity or physical confrontation on the fields, in the dugouts, or at any facilities/fields used by Clifton National, its directors, officers, coaches, parents, or players.
- Parent/Guardian agrees to return upon request the uniform pants and other equipment issued to their child(ren) in as good a condition as when it was issued except for normal wear and tear. **PLAYERS WILL BE ALLOWED TO KEEP THEIR JERSEY AND CAP AFTER THE SEASON.**
- Parent/Guardian authorizes the use of any pictures taken by Clifton National staff for use on its website or advertising.
- Parent/Guardian is required to volunteer for one night (2 hours) in the kitchen field house at Surgent Park for each registered child.
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2012 SPRING REGISTRATION FEE IS \$70 for one child; \$120 for two; and \$150 for three or more

IN PERSON REGISTRATION will be held on Saturday Jan 21st 2012 and Saturday Feb 18th at **Surgent Field**

Between 10 am thru 2pm

Mail registration with payment to Clifton National League, P.O. Box 6109, Clifton, NJ 07015

SIGNATURE BELOW INDICATES THE PARENTS/GUARDIANS AGREE TO THE ABOVE STATED REQUIREMENTS AND DO HEREBY WAIVE, RELEASE, ABSOLVE, INDEMNIFY AND AGREE TO HOLD HARMLESS LITTLE LEAGUE BASEBALL INCORPORATED, THE CLIFTON NATIONAL LEAGUE, WESTERN DIVISION, NORTHERN DIVISION, IT'S BOARD MEMBERS, MANAGERS, COACHES, SPONSORS, SUPERVISORS AND PARTICIPANTS, FROM ANY LIABILITY AND RESPONSIBILITY FOR ANY INJURY SUSTAINED BY THE CHILD, HERE AND ABOVE REGISTERED, WHILE PARTICIPATING IN THE SPORT INDICATED.

Signature of Parent/Guardian _____

Fee Paid \$ _____ Option \$ _____ Family Plan _____ Cash _____ Check # _____
 Rcvd By _____ Date _____