



**East Moline Little League  
Fall 2022  
Training and Development Program  
Co-Ed T-Ball Registration Ages 4-6**



**FREE PROGRAM SPONSORED by CITY OF EAST MOLINE in partnership with EAST MOLINE LITTLE LEAGUE**

**8 weeks: Aug.22 to Oct.16<sup>th</sup> Where: EM Jacobs NE Sports Complex. 1 practice per week, 1 game per week.  
Last date to register: Aug.13th**

**Please print all player/parent information.**

Player's name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Current Grade: \_\_\_\_\_

(Male/Female) \_\_\_\_\_ Parent/ Guardian E-mail \_\_\_\_\_

Parent/guardian (Please print) \_\_\_\_\_

Street Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Tel #: \_\_\_\_\_ Text? Y / N Cell # \_\_\_\_\_ Text? Y / N

Secondary Contact: Name: \_\_\_\_\_ Tel #: \_\_\_\_\_

**Shirt provided**

**\*\*ATTENTION\*\*** – Volunteers are needed for the success of our program. Please mark below if you or someone you know would like to volunteer in a coaching position. Please indicate shirt size.

\_\_\_\_\_ Head Coach \_\_\_\_\_ Asst. Coach Name \_\_\_\_\_

**Shirt size (Player):** Youth XS S M L XL **Shirt size (Coach):** Adult S M L XL 2X

**PLEASE SIGN THE WAIVERS AT BOTTOM TO PARTICIPATE**

TERMS & CONDITIONS – YOUR SIGNATURE IS ACCEPTANCE OF EACH POINT.

- 1.Participation:** I/We, the parents/guardians of the above-named candidate for a position on a Little League team, hereby give my/our approval to participate in any and all Little League activities, including transportation to and from the activities.
- 2. Waiver of Injury:** I/We know that participation in baseball or softball may result in serious injuries and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify, and agree to hold harmless the City of East Moline, East Moline Little League (EMLL), Little League Baseball, Incorporated, the organizers, sponsors, supervisors, participants, and persons transporting my/our child to and from activities from any claim arising out of an injury to my/our child whether the result of negligence or for any other cause.
- 3. Waiver of Insurance:** I, the undersigned as parent/guardian and, hereby inform the board of EMLL, that we have adequate medical insurance to cover our son/daughter while engaged in baseball practices, games and other activities of EMLL. We further inform EMLL and the City of East Moline we will not hold it responsible for any medical expenses should an injury occur during baseball practices, games or other activities of EMLL.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

Return form to: [eastmolinelittleleague@gmail.com](mailto:eastmolinelittleleague@gmail.com) or mail to EMLL, P.O Box 256, East Moline, IL, 61244. or drop off at EM City Annex , 912 16<sup>th</sup> Ave. East Moline, IL 61244. They have drop box for after hours. Q's? call Gary, 309-755-6700