



Coquitlam Little League

P.O. BOX 47541, Coquitlam, BC V3K 6T3
www.coquitlamlittleleague.ca

Player is: Returning New
Age *SEE CHART*: _____
Division: _____
M/W or T/Th (Minor only) _____

PLAYER REGISTRATION FORM - 2019

FOR OFFICIAL USE ONLY

Division	Fee **	Division	Fee **
Blastball (4-5 yr)	\$60.00	Major (10-12)	\$210.00
Mini-Minor (5-6 yr)	\$110.00	Interm/Jnr (13-14 yr)	\$260.00
Rookie (7-8 yr)	\$160.00	Senior (15-16 yr)	\$410.00
Minor (9 yr)	\$210.00		

Gross Fees Due: _____
Discount (if applicable) _____
NET AMOUNT DUE & PAID _____
Cash / Cheque # _____
Date: _____
Rec'd by: _____

BLASTBALL-1 day/week, **MINOR**-twice a week, set days.
ALL OTHER DIVISIONS - practice/play days will fluctuate

Signing of this form makes the signee (and spouse if applicable) a member(s) of the CLL Society with voting privileges at the AGM - maximum 2 per family

NOTE: All players applying to play up must pay for the higher level. If player evaluates at a lower division, they will be reimbursed the difference.

Care card: _____
Birth Certificate: _____

** Subject to additional fees if the player tries out and makes a post season team. Registration
fees are payable by cash or cheque - credit cards can be used for online registrations only.

Player's Name _____, _____ Male /Female circle one

Address: _____, _____, _____
Last Name First Name Initial Street Address City Postal Code

Primary phone # _____ Primary E-mail: _____
 Agree to receive emails from CLL

School: _____ Grade: _____ Birthdate: _____

Last year League/Division: _____ Last year team/coach: _____

Emerg Contact: _____ Phone #: _____

Medical Concerns: _____

Comments: _____

PARENT CONTACT	Father / Guardian	Mother/ Guardian
	Name	
Email (if different than above)		
Other Phone Numbers	(indicate Home, Work or Cell)	(indicate Home, Work or Cell)

\$25 PROCESSING FEE IS NON-REFUNDABLE NSF cheques - Service charge of \$20.00
Refund requests after season start must be reviewed by the Refund Committee **Cheques may be post-dated no later than Feb 15th**

Parent will volunteer Name: _____ Coach/other: _____

Parent or child would like to Umpire Name: _____

Parent/Guardian Signature(s): _____

**** WAIVERS REQUIRED ****