



Coquitlam Little League

P.O. BOX 47541, Coquitlam, BC V3K 6T3

Telephone: 604-515-1951

www.coquitlamlittleleague.ca

Player is: Returning New
Birthdate: ___/___/___ (mm/dd/yy)
Age(at April 30th): _____
Division: _____
M/W or T/Th (Blast & A only) _____

PLAYER REGISTRATION FORM

FOR OFFICIAL USE ONLY

Division	Fee **	Uniform Deposit ***	Division	Fee **	Uniform Deposit ***
Challenger	\$65.00	N/A	Major "MLA"(10-12 yr)	\$160.00	\$75.00
Blastball (4 & 5 yr)	\$70.00	N/A	Junior (13 & 14 yr)	\$200.00	\$75.00
Mini-Minor "A" (6-7 yr)	\$80.00	N/A	Senior (15 & 16 yr)	\$250.00	\$50.00
Rookie "AA" (8-10 yr)	\$125.00	\$75.00	*Senior Big (16-19 yr)	\$200.00	\$50.00
Major "MLB" (9-12 yr)	\$140.00	\$75.00	Big League (16-18 yr)	\$350.00	\$50.00

Gross Fees Due: _____
Discount (if applicable) _____
NET AMOUNT DUE & PAID _____
Cash / Cheque # _____
Uniform Deposit _____ Chq # _____
(dated Sept 1st)
Date: _____
Rec'd by: _____

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
* This division only operates if warranted by registration numbers

** Subject to additional fees if the player tries out and makes a post season team. **Registration fees are payable by cash or cheque.**

*** Due to the high numbers of uniforms not returned each year on a timely basis (or at all) and some that have been ruined by mistreatment, a uniform deposit cheque is required. The cheque is to be post-dated to September 1st of the current year and will not be cashed if the player's uniform is properly cared for and returned at the end of the season.
All uniform deposits must be paid by cheque.

Care card: _____
Birth Certificate: _____

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

Address: _____, _____, _____
Street Address City Postal Code

Primary phone # _____ Primary E-mail: _____

School: _____ Grade: _____

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
Refund requests after season start must be reviewed by the Refund Committee

NSF cheques - Service charge of \$20.00
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): _____

**** PLEASE TURN OVER ****