

NORTH OLDHAM LITTLE LEAGUE
2 025 FALL BALL

CHECK____
CASH____
Credit Card____

PLAYERS NAME: _____

BIRTH DATE: _____

BASEBALL LEAGUE AGE (age on August 31, 2026) _____ **SOFTBALL LEAGUE AGE(age on December 31,2025)** _____

PHONE NUMBER: _____

Fathers Cell Number: _____ Mothers Cell Number _____

HOME ADDRESS _____ CITY _____ ZIP _____

PARENTS NAME FATHER: _____ MOTHER: _____

FATHERS EMAIL ADDRESS: _____

MOTHERS EMAIL ADDRESS: _____

SHIRT SIZE(circle one) ys ym yl as am al axl axxl

Players Skill level? (circle one Excellent(a) to Poor(F)) A B C D F This will help placing kids on teams

MY CHILD WILL PLAY BASEBALL SOFTBALL Coach Pitch/T-BALL

Your child will be placed in the division that they will be playing in the spring season

DIVISION (check one) play at next years age **Manager or Coach**

BASEBALL

SOFTBALL

(circle one if interested)

MAJOR Ages 11 - 12 _____

MAJOR Ages 11 - 12 _____

MINOR Ages 9 - 10 _____

MINOR Ages 9 - 10 _____

T-Ball Ages 4 _____

ROOKIE Ages 7 - 8 _____

ROOKIE Ages 7 - 8 _____

Coach Pitch Age 5-6 _____

T-Ball & Coach pitch may be combined

1. I/we the parents/guardians of the above -named candidate for position on 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. "I/we know that participation in baseball, t-ball or softball, or observation of same, may result in serious injuries and protective equipment does not prevent all injuries to players or spectators, and do hereby waive, release, absolve, indemnify, and agree to defend and hold harmless North Oldham Little League, Little League Baseball, Incorporated, the City of La Grange, its employees, agents, elected or appointed officials (whether in their individual or official capacity), La Grange Park Board, the organizers, sponsors, supervisors, participants, and person(s) transporting my/our child to and from activities from any losses, claims, damages or injury to me and my/our child, or a member of my family, my guest(s), or another, whether the result of negligence, gross negligence, or for any other cause."

3. I/W e agree to return upon request the uniform and other equipment issued to my/our child in as good conditions when as received except for normal wear and tear.

4. I/we agree that our child may be required to try out for a team, if such does not attend local Board of Directors approval is required for such candidate to be placed on a team.

5. I/We understand that our child may be chosen at anytime to play on a major division team, if he or she is of the correct age for such division as determined by the local league

and Little League Baseball. Declining to move up to such Major Division team will result in forfeiture of eligibility for the major Division for the current season, and may be subject to further restrictions by the local league.

PARENTS SIGNATURE _____ DATE: _____

Top Half

Bottom Half

Sign-ups :application forms will be available on website until July 23rd

To sign-up fill out application above and mail application and check (\$80 per player) to **before July 23, 2025**(\$10 late Fee)

Will take application at Walsh Park for credit card payment . Application must be in an envelope

North Oldham Little League

P.O. Box 713

LaGrange, Ky. 40031

This years 12 year olds may play fall ball one last time

Make Checks payable to **N.O.L.L.** **There will be a limited number of players for each division.** So sign up early.

In the past we have had to turn players away because the rosters were full and they were late signing up.

COST \$80 PER PLAYER (will get shirt and hat) \$10 late fee after July 23, 2025

Every player parents must work one time in the concession stand for their team 5:15pm to 8:15pm OR on a Saturday 9:30am - 2:30pm

Fall Ball games will start End of August ends Mid-October . Practices will start first week of August.

We will play Monday through Thursday and every Saturday. Sundays will be used for rainouts.

If you are interested in being a manager or coach please mark on the application.

any questions call Brad Clifford 758-5183(please do not call after 9:00pm)

www.northoldhamlittleleague.net

Please join our leagues text system “Rained Out” at our Website, Fastest way to hear cancellations and league information

Go to www.rainedout.net Search North Oldham Little league and join

Return Top half with Check keep bottom half for your records

North Oldham Little League Manager and League Evaluation

To be filled out by parents

Team Name: _____ Division: _____

2025 Manager: _____ Coaches: _____

Please mark the following evaluation form according to the following legend:

5- Totally Agree, 4 - Somewhat Agree, 3- Agree, 2- Somewhat Disagree, 1- Totally Disagree

A. My child had fun. _____

B. My child learn the fundamentals of the game. _____

C. My child learned to cooperate with others. _____

D. My child has a desire to continue play this sport. _____

E. My child got better by the end of the season. _____

F. My child learned to compete in a sportsmanlike manner. _____

G. My child was treated fairly by the coaching staff. _____

H. The coaching staff kept winning in perspective. _____

I. The coaching staff was organized for practices and games. _____

J. The coaching staff communicated with the parents. _____

K. The coaching staff encouraged your child to do well. _____

L. My child would play for this manager again if given the opportunity. _____

M. Are you satisfy with the way the league is run? _____

N. Were you satisfied with the umpiring? _____

Would you volunteer to Umpire? Yes _____ No _____

O. Were you satisfied with your pictures? _____

P. Were you satisfied with the concession stand? _____

Q. Did you use our live streaming of games should we continue this? _____

R. Would you pay a cost for live streaming of games _____

Did our program meet your expectations? Please elaborate. _____

Any additional comments:

Parents Name _____ Players name _____

We would like to thank you for taking time to give us some feedback for our league
return to concession stand or please mail this form with fall ball application

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-LaGrange, Ky. 40031