

Little League® Player Registration Form

Player Information	
Player Name:	Birthdate (mm/xx/yyyy):
Address:	Gender: Male □ Female □
Address 2 (if applicable):	
, , ,	State: Zip Code:
	Email:
My child will tryout for:	
Parent/Guardian Information	
Parent/Guardian #1	Parent/Guardian #2
Name:	Name:
Phone:	
Email:	
Occupation:	
Volunteer? ☐ Yes ☐ No If yes, fill out "Volunteer Application"	Volunteer? ☐ Yes ☐ No If yes, fill out "Volunteer Application"
Medical Information	
Emergency contact:	Insurance carrier:
Relationship to player:	Phone:
Phone:	Policy:
transportation to and from the activities. (2) I/We know that participation in baseball or softball may result in serior indemnify, and agree to hold harmless the local Little League, Little Leagu and from activities from any claim atising out of any injury to my/our chile. (3) If applicable, I/We agree to return upon request the uniform and other eq. (4) I/We agree to provide proof of legal residence or school enrollment (as a (candidate) must be eligible under the residence/school attendance and a arises regarding residence/school attendance and/or age, the decision of further understand that if any participant on a Little League team does not	equipment issued to my/our child in as good conditions as when received except for normal wear and tear. defined by Little League Baseball, Incorporated at Little-League.org/residence) and age. I/We understand that our child age regulations of Little League Baseball, Incorporated, to participate in this Local League, and that if any controversy of the Little League International Charter Committee in Williamsport, Pennsylvania shall be final and binding. I/We of qualify for participation in the league based on residence (as defined by Little League Baseball, Incorporated) and/or full included the control of the Little League based on residence (as defined by Little League Baseball, Incorporated) and/or full included the control of the Little League based on the little
 (5) I/We agree that our child (candidate) may be required to try out for a tercandidate to be placed on a team. (6) If applicable, I/We understand that our child (candidate) may be chosen a local league and Little League Baseball. Declining to move up to such Major to further restrictions by the local league. (7) I/We will furnish a certified birth certificate of the above-named candidate. (8) I/We understand that my information as the parent or guardian of such ab Little League International can be found here: www.LittleLeague.org/privalents. 	above-named candidate is sent by the local league to Little League International each year. Such use of information by vacypolicy. You may opt-out of communications from Little League International at any time.
 (5) I/We agree that our child (candidate) may be required to try out for a tercandidate to be placed on a team. (6) If applicable, I/We understand that our child (candidate) may be chosen local league and Little League Baseball. Declining to move up to such Maji to further restrictions by the local league. (7) I/We will furnish a certified birth certificate of the above-named candidate (8) I/We understand that my information as the parent or guardian of such ab 	ajor Division team will result in forfeiture of eligibility for the Major Division for the current season, and may be subject to League Officials. above-named candidate is sent by the local league to Little League International each year. Such use of information by vacypolicy. You may opt-out of communications from Little League International at any time. Date:



Little League Baseball and Softball M E D I C A L R E L E A S E



NOTE: To be carried by any Regular Season or Tournament Team Manager together with team roster or International Tournament affidavit.

Player:	Date of	Birth:	Gende	er (M/F):			
Parent (s)/Guardian Name:		Relationship:					
Parent (s)/Guardian Name:		F	Relationship:				
Player's Address:	C	City:		Country:	Zip:		
Home Phone:	Work Phone:		Mobile Ph	one:			
PARENT OR LEGAL GUARDIAN AUTHORIZATION:			Email:				
In case of emergency, if family ph Emergency Personnel. (i.e. EMT, F			orize my child to l	oe treated by (Certified		
Family Physician:			Phone:	***************************************			
Address:	Ci	ty:	State/Country:				
Hospital Preference:		*******************					
Parent Insurance Co:	Policy No.:_	10-00-001-1-70-00-00-00-00-00-00-00-00-00-00-00-00-	Group ID#:				
League Insurance Co:	Policy No.:		League/Group ID#:				
If parent(s)/legal guardian canno	t be reached in case of emerg	ency, cont	act:				
Name	P	hone	Relationship to Player				
Name	P	hone	one Relationship to Player				
Please list any allergies/medical pro	blems, including those requiring	maintenanc	e medication. (i.e. [Diabetic, Asthma	a, Seizure Disorder		
Medical Diagnosis	Medication		Dosage	Frequer	cy of Dosage		
		A SA A A A A A A A A A A A A A A A A A					
		need to the state of the state					
		·					
Date of last Tetanus Toxoid Booste	r:	***************************************					
The purpose of the above listed information	is to ensure that medical personnel ha	ve details of a	iny medical problem wh	nich may interfere	with or alter treatmen		
Mr./Mrs./Ms.	ent/Guardian Signature				5.1.		
Authorized Pare	nt/Guardian Signature				Date:		
FOR LEAGUE USE ONLY:							
League Name:		League ID:					
Division:	Team:	Team: Date:					

Grand Terrace Little League Model Release

(Name)	,
of	
of(Address)	
hereby give permission to Grand Terrace Little League, to use photogrataken of me during the games and events associated with Grand Terrace Little League in any manner to help promote the league use could include publications, media releases, announcements, electrotherwise, and on league websites or social media pages. I understand receive any compensation if such image appears in any of the manners other manner that the league deems appropriate. I agree that such image property of Grand Terrace Little League.	e activities. Such ronic or d that I will not s listed above or
(Signature)	(Date)
(If the above is a minor, the section below must be completed by a pare	*
(Name)	<u> </u>
of	
(Address)	
the ☐ parent ☐ guardian of the above listed minor, hereby give my peri	mission to
to Grand Terrace Little League to use photographs and video taken of minor during the games and events associated with Grand Terrace Little League in any manner to help promote the league use could include publications, media releases, public announcements, otherwise, and on league websites or social media pages. I agree that above listed minor, will receive any compensation if such image appear any compensation if such image appears in any of the manners listed a manner that the league deems appropriate. I agree that such image is to Grand Terrace Little League.	activities. Such , electronic or neither I, nor the rs not receive above or other
(Signature)	(Date)