



PLAYER REGISTRATION FORM

REQUESTED SPORT: [] Baseball [] Softball

REQUESTED DIVISION: [] Tee Ball (ages 4-6) [] Rookies (ages 6-8)
[] Minors (ages 8-10) [] Majors (ages 10-12)
[] Intermediate (ages 11-13) [] Juniors (ages 12-14)
[] Seniors (ages 13-16)

PLAYER INFORMATION

Player Name: Address: City: State: Zip Code: Date of Birth: Player Age: Gender: Shirt Size: Hat Size: League Age:

Notes: (Food Allergies, Special Circumstances):

Coaching Request(s): Coaching Exclusion(s):

Player Pairing Request(s): [] Yes [] No Player Name: Player Name:

Property Player Status: [] Returning to Team [] Not Returning to Team [] N/A

PARENT/GUARDIAN INFORMATION

Primary Contact Secondary Contact Name: Name: Phone: Phone: Email: Email: Volunteer? [] Yes [] No Volunteer? [] Yes [] No

MEDICAL INFORMATION

Emergency Contact: Relationship: Phone: Email: Insurance Carrier: Policy Number:



TERMS AND CONDITIONS

1. 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. 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 local Little League, 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 any injury to my/our child whether the result of negligence or for any other cause.
3. If applicable, I/We agree to return upon request the uniform and other equipment issued to my/our child in as good conditions as when received except for normal wear and tear.
4. I/We agree to provide proof of legal residence or school enrollment (as defined by Little League Baseball, Incorporated at LittleLeague.org/residence) and age. I/We understand that our child (candidate) must be eligible under the residence/school attendance and age regulations of Little League Baseball, Incorporated, to participate in this Local League and that if any controversy arises regarding residence/school attendance and/or age, the decision of the Little League International Charter Committee in Williamsport, Pennsylvania shall be final and binding. I/We further understand that if any participant on a Little League team does not qualify for participation in the league based on residence (as defined by Little League Baseball, Incorporated) and/or age, such participant and/or team on which he/she participates be found ineligible, and forfeit(s) and/or suspension of Tournament privileges may be decreed by action of the Little League International Charter Committee or Little League International Tournament Committee.
5. I/We agree that our child (candidate) may be required to try out for a team. If such does not attend at least 50 percent of the tryouts, local Board-of -Directors' approval is required for such candidate to be placed on a team.
6. If applicable, I/We understand that our child (candidate) may be chosen at any time 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.
7. I/We will furnish a certified birth certificate of the above-named candidate to League Officials.
8. I/We understand that my information as the parent or guardian of such above-named candidate is sent by the local league to Little League International each year. Such use of information by Little League International can be found here: www.LittleLeague.org/privacypolicy. You may opt-out of communications from Little League International at any time.

Parent/Guardian Name: _____

Signature: _____

Date: _____

FOR OFFICIAL USE ONLY:

Birth Certificate:	Yes	No	Proof of Residency:	Yes	No
Medical Release Form:	Yes	No	Waiver Needed:	Yes	No
Payment Received:	Yes	No	Amount:	_____	