

2023 PLAYER REGISTRATION FORM

Foothill Area Little League - ID #4050119

Player First Name _____ Initial _____ Player Last Name _____

Address _____

D.O.B. _____ Home Phone (____) _____ Gender _____

School Currently Attending _____ League Age _____

Team & Division Last Year _____ Years Experience _____

Child is signing up for: (circle One)

Tee Ball/Farm/Minor Baseball/Major Baseball/Junior Baseball/Senior Baseball/Minor Softball/Major Softball/Junior Softball

Child's shirt size: (circle one) **YOUTH:** XS / S / M / L **ADULT:** S / M / L / XL

Lives with: (circle one) Father / Mother / Both / Other **Player Team or Coach Request:** (Tee Ball/Farm Only)

Parent/Guardian #1

Parent/Guardian #2

Name _____ **Name** _____

Phone _____ **Phone** _____

Email _____ **Email** _____

Cell/Work Phone _____ **Cell/Work Phone** _____

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. 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.
4. 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.
5. I/We agree to provide proof of legal residence (as defined by Little League Baseball, Incorporated) and age. I/We understand that our child (candidate) must be eligible under the residence and age regulations of Little League Baseball, Incorporated, to participate in this Local League and that if any controversy arises regarding residence and/or age, the decision of the Charter Committee in Williamsport 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 Charter Committee or Tournament Committee.
6. I/we will furnish a certified birth certificate of the above-named candidate to League Officials.
7. I/we grant permission to FALL to use photos or videos of listed player taken during games or events associated with FALL in any manner to help promote the league activities. Such use could include publications, media releases or electronic releases, on league or social media pages. I understand that I/we will not receive any compensation of any such image that appears in any of the manners listed above or other manner that the league deems appropriate. I/we agree that the image will remain the property of FALL.

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____

Print Name _____

(League Official Use Only Below)			
Total Fee Paid \$ _____	<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ <input type="checkbox"/> Credit Card	<input type="checkbox"/> 3 POR or School Verf. <input type="checkbox"/> Birth Certificate Verf. <input type="checkbox"/> Parent Code of Conduct	<input type="checkbox"/> Medical Release <input type="checkbox"/> Waiver Needed Type: _____
Division	League Age	Team Name	Notes
Player team or Coach Request (teeball/farm only)			