



# Churchland Softball Little League Registration Form



\*\*\*\*\* Players **MUST** live and/or attend school in the 23703 zip code. \*\*\*\*\*

NAME	LAST	FIRST	MIDDLE
	ADDRESS		ZIP CODE
MOTHER/GUARDIAN NAME		MOTHER/GUARDIAN CELL PHONE	MOTHER/GUARDIAN E-MAIL ADDRESS
FATHER/GUARDIAN NAME		FATHER/GUARDIAN CELL PHONE	FATHER/GUARDIAN E-MAIL ADDRESS
PLAYER'S HOME PHONE		EMERGENCY CONTACT NAME	EMERGENCY CONTACT PHONE
SCHOOL PLAYER ATTENDS			GRADE
DATE OF BIRTH		LEAGUE AGE (Age on December 31 of last Year)	RETURNING PLAYER? / WHICH TEAM?
PLEASE LIST ANY MEDICAL CONDITIONS:			

Please circle a preferred uniform jersey size:

<b>Child:</b>	<b>S (6-8)</b>	<b>M (10-12)</b>	<b>L (14-16)</b>
<b>Adult:</b>	<b>S</b>	<b>M</b>	<b>L XL 2XL</b>

I, the parent/legal guardian of the above named player, do hereby give my approval for my child to participate in any and all of the activities associated with the Churchland Softball Little League. I do assume all risks and hazards incidental to the conduct of activities, transportation to and from the activities, and further hereby release, absolve, indemnify and hold harmless the Churchland Softball Little League, its organizers, sponsors, and supervisor(s), for any health problems, including injury, and further agree to waive all claims against such persons. I agree to conform to the bylaws and Little League rules, and agree to participate in any fundraising and concession duty. I acknowledge that all information given on this form is true to the best of my knowledge.

DATE \_\_\_\_\_ PRINTED NAME OF PARENT/GUARDIAN \_\_\_\_\_ PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

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### LEAGUE USE ONLY

SEASON <b>SPRING / FALL 20_____</b>		DIVISION	TEAM
REGISTRATION FEE	EARLY REGISTRATION DISCOUNT	TOTAL AMOUNT PAID	METHOD OF PAYMENT
RECEIPT NUMBER		OFFICER SIGNATURE	

**\*Uniforms will not be distributed until ALL fees & fund-raiser have been paid and ALL documentation has been received.**