



For League Use Only
League Age _____
Division _____

PLAYER LAST NAME: _____

BIRTH DATE: _____

PLAYER FIRST NAME: _____

(mm/dd/yyyy)

HOME ADDRESS: _____

CITY and ZIP CODE: _____

(CIRCLE ONE)

MALE FEMALE

PHONE NUMBER: _____

AGE: _____

PARENT #1 NAME: _____

EMAIL ADDRESS: _____

DIVISION: _____

CELL NUMBER: _____

EMPLOYER: _____

JERSEY No.: 1st 2nd 3rd

(Optional) _____

PARENT #2 NAME: _____

EMAIL ADDRESS: _____

CELL NUMBER: _____

EMPLOYER: _____

SHIRT SIZE: (CHECK ONE)

☐ YOUTH SM ☐ ADULT SM

☐ YOUTH MED ☐ ADULT MED

☐ YOUTH LG ☐ ADULT LG

☐ ADULT XL

☐ ADULT XXL

EMERGENCY CONTACT: _____

PHONE NUMBER: _____

Will there be any siblings (same household) playing at South? (Last name, First name, age and division) _____

Any Additional Information that we should be aware of (including medical/allergies)? _____

I AM INTERESTED IN VOLUNTEERING (optional, check all that applies)

☐ TEAM MANAGER ☐ TEAM COACH ☐ TEAM PARENT ☐ GROUNDS CREW ☐ FIELD MAINTENANCE ☐ OTHER

FOR INTERNAL USE ONLY

RECEIPT NUMBER: _____

DIVISION AMOUNT: _____

RAFFLE TICKET #: _____

*Raffle Ticket: \$25(add on) +

PAID BY: ☐ CASH ☐ CHECK #: _____

SUBTOTAL: _____

SLL OFFICIAL: _____

AMOUNT PAID: _____

ENTERED IN THE SYSTEM:

AMOUNT DUE: _____

YES

NO

Terms and Conditions

- (1) I/We, the parents/guardians of the candidate named above for a position on a Little League team, as a result of this give my/our approval to participate in all Little League activities.
- (2) I/We know that participation in baseball or softball may result in severe injuries and protective equipment does not prevent all injuries to players and does as a result of this waive, release, absolve, indemnify, and agree to hold harmless the local Little League.
- (3) I/We, the parents/guardians agree to do our part by filling the required time for our child (candidate) team's concession time.
- (4) I/We recognize that our child (candidate) does not have to be present to try out for a team.
- (5) I/We, the parents/guardians of the candidate named above agrees to participate in the local Little League Fundraiser either by selling or buying out.

These are not options but requirements. By signing below, you're endorsing that you understand that as a parent/guardian of South Little League you will fulfill these requirements and have read the South Little League Code of Conducts.

Signature _____ Date _____

South Little League may take photographs of teams, players, and fans throughout the season. Photos may be upload to our Social Media Sites. If it is okay to take pictures of your child and post them, check yes. If it is NOT OKAY to take photos of your child and post them check no.

☐

YES

☐

NO

If you know of anyone who would like to sponsor a team or field let us know by filling out the information below:

Sponsor _____

Telephone # _____

Email Address: _____