

## Little League® Player Registration Form

Player Name:		Birthdate (mm/xx/yyyy):		
Address:		Gender: Male 🗌	Female []	
Address 2 (if applicable):	·	League Age:	League Fee:	<del></del>
City:	; State:	Zip Co	de:	
Phone: Email:				
My child will tryout for:	🛘 Softball			
 Parent/Guardian Information		:		
Parent/Guardian #1		Parent/Guardian #2		
Name:	_	Name:		
Phone:		Phone:		
Email:	į.	Email:		
Occupation:	1	Occupation:		
Volunteer?		Volunteer?	 ] No	
If yes, fill out "Volunteer Application"	7	If yes, fill out "Volunteer	Application"	
Medical Information	t			
Emergency contact:	-	Insurance carrier:		
Relationship to player:	-	Phone:		
Phone:		Policy:		
		·		
 Towns and Candisians				
Terms and Conditions (1) I/We, the parents/guardians of the above-named candidate for a position	on on a Little League tea	m, hereby give my/out approval to participe	re in any and all Little League activities, is	ncluding
(1) I/We, the parents/guardians of the above-named candidate for a position transportation to and from the activities. (2) I/We know that participation in basehall or softball may result in seri	ous injuries and protecti	re equipment does not prevent all injuries t	o players, and do hereby waive, release,	absolve,
(1) I/We, the parents/guardians of the above-named candidate for a positive transportation to and from the activities. (2) I/We know that practicipation in baseball or softball may result in seri-indemnify, and agree to hold hamiless the local Little League, Little League and from activities from any claim acising out of any inputy to my/our ch	ous injuries and protections injuries and protections are baseball, Incorporate all whether the result of requipment issued to my/o	re equipment does not prevent all injuries to d, the organizers, sponsors, supervisors, para segligence or for any other cause. ur child in as good conditions as when receive	o players, and do hereby waive, release, cipanta, and persons transporting my/our rd except for normal wear and tear.	absolve, child to
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