

Clinton Little League Baseball, Inc. 2023 Registration Form



PLEASE PRINT CLEARLY

Player's Full Name _____ Male / Female _____ / _____ / _____
 (Circle one) Date of Birth League Age
 (as of August 31, 2023)

League Enrolled: T-Ball (League Age 4-5) _____ Coach Pitch (League Age 5-7) _____
 Minors (League Age 7-9) _____ Majors (League Age 10-12) _____

Player's Complete Address _____ City _____ State _____ Zip Code _____

Main Contact Phone (indicate home/work/cell) _____ Adult Contact (indicate relationship) _____ E-mail Address _____

Secondary Phone (indicate home/work/cell) _____ Secondary Adult (indicate relationship) _____ Secondary E-mail Address _____

Circle One: Yes, I would be interested in coaching Contact name: _____

No, I am not interested in coaching Contact Phone: _____

***I am interested in volunteering in the concession stand:** Name & Phone: _____

I / We, the parents of the above-named candidate for a position on a Little League Team, hereby give authorization for the enrolled to participate in any and all league activities. I / We assume all risks and hazards incidental to such participation including transportation to and from the activities; and I / We waive, release, absolve, indemnify and agree to hold harmless the Local Little League, Little League Incorporated, the Organizers, Sponsors, Supervisors, Participants, and Parents Transporting My/Our Child(ren) to and from activities for any claim arising out of injury to My/Our Child(ren) whether the result of negligence or for any other cause, except to the extent and in the amount covered by the accidental or liability Insurance. I / We Agree to return upon request any equipment issued to My/Our child(ren) in as Good Condition as when received Except for Normal Wear and Tear. I / We Agree to Abide by the Rules Set Forth by Little League Incorporated and Clinton Little League, Inc.

Parent(s) or Guardian Signature: _____ Date _____

SHIRT SIZE (circle)

Youth Size:
XS S M L XL

Adult Size:
S M L XL 2XL

***Registrations will not be accepted after March 4, 2023**

<u>FEES</u>	
T - Ball	\$50.00
Coach-Pitch	\$50.00
Minors	\$70.00
Majors	\$70.00

Concession Volunteers

CLL strives to have the concession stand open at each and every game. However, for this to continue, volunteers are desperately needed. If you are available to help, please leave your contact info on the concession line above.

FOR LEAGUE USE ONLY

Paid by Cash Registration Fee \$ _____

Paid by Check: (Check No. _____)

League Rep Initials: _____

Total Amount Paid \$ _____

Verified LEAGUE AGE _____

Birth Certificate Verified Yes / No

***\$5 Discount for each additional family member**

**Please fill out Medical Release on the other side & the attached Model Release
Mail this form to PO Box 101, Clinton, IN 47842**



Little League Baseball and Softball MEDICAL RELEASE



NOTE: To be carried by any Regular Season or Tournament Team Manager together with team roster or International Tournament affidavit.

Player: _____ Date of Birth: _____ Gender (M/F): _____

Parent (s)/Guardian Name: _____ Relationship: _____

Parent (s)/Guardian Name: _____ Relationship: _____

Player's Address: _____ City: _____ State/Country: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

PARENT OR LEGAL GUARDIAN AUTHORIZATION: Email: _____

In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel. (i.e. EMT, First Responder, E.R. Physician)

Family Physician: _____ Phone: _____

Address: _____ City: _____ State/Country: _____

Hospital Preference: _____

Parent Insurance Co: _____ Policy No.: _____ Group ID#: _____

League Insurance Co: _____ Policy No.: _____ League/Group ID#: _____

If parent(s)/legal guardian cannot be reached in case of emergency, contact:

Name Phone Relationship to Player

Name Phone Relationship to Player

Please list any allergies/medical problems, including those requiring maintenance medication. (i.e. Diabetic, Asthma, Seizure Disorder)

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

Date of last Tetanus Toxoid Booster: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

Mr./Mrs./Ms. _____
Authorized Parent/Guardian Signature Date:

FOR LEAGUE USE ONLY:

League Name: _____ League ID: _____

Division: _____ Team: _____ Date: _____

WARNING: PROTECTIVE EQUIPMENT CANNOT PREVENT ALL INJURIES A PLAYER MIGHT RECEIVE WHILE PARTICIPATING IN BASEBALL/SOFTBALL.
Little League does not limit participation in its activities on the basis of disability, race, color, creed, national origin, gender, sexual preference or religious preference.

Consent to Collect Your Child's Video for Recording and Live Streaming

Name of Child: _____

Name of Parent/Guardian: _____

Your local league's games may be live streamed on the Internet and/or recorded by GoDog Sports pursuant to a sponsorship arrangement with T-Mobile. **If your child participates in league games, your child may appear in this video footage, so we need your consent to collect and disclose video of your child in order to provide this service.** When you consent, you're agreeing that GoDog can collect video of your child during local league games and use it in the following ways:

1. **Livestreaming** – GoDog will display live video footage of the game via a website and/or smartphone app (both developed and maintained by GoDog). Any users with your league's access credentials will be able to view the footage.

2. **Post-Game Viewing/Download** – GoDog will also make the video footage available for post-game viewing or download via the website and/or app for up to ten days after each game (after which it will be deleted from the website/app). Any users with your league's access credentials will be able to view or download footage.

3. **Public Highlight Clips** – GoDog may include video footage in highlight clips on the front page of the website and/or app for up to ten days after each game (after which it will be deleted from the website/app). Any member of the public will be able to view this footage.

GoDog will not use collected video footage for any other purpose and will not share it with anyone else unless required by law. To learn more about this use of information, including your rights as a parent/guardian, visit [Privacy Notice Page](#).

I certify that I am the parent/guardian of the child listed above and consent to the video collection described above.

(Signature)

(Date)