

# Clinton Little League Baseball, Inc.



## 2026 Registration Form

PLEASE PRINT CLEARLY

Player's Full Name \_\_\_\_\_ Male / Female \_\_\_\_\_ / \_\_\_\_\_  
 (Circle one) Date of Birth \_\_\_\_\_ League Age \_\_\_\_\_  
 (as of August 31, 2026)

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 \_\_\_\_\_

<p><b><u>SHIRT SIZE</u> (circle)</b></p> <p>Youth Size:</p> <p>XS S M L XL</p> <p>Adult Size:</p> <p>S M L XL 2XL</p>
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<b><u>FEES</u></b>	
T - Ball	\$50.00
Coach-Pitch	\$50.00
Minors	\$70.00
Majors	\$70.00

<p style="text-align: center;"><b><u>Concession Volunteers</u></b></p> <p>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.</p>
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<p style="text-align: center;"><b>FOR LEAGUE USE ONLY</b></p> <p>Paid by Cash Registration Fee \$ _____</p> <p>Paid by Check: (Check No. _____)</p> <p>League Rep Initials: _____</p> <p><b>Total Amount Paid \$ _____</b></p> <p>Verified LEAGUE AGE _____</p> <p>Birth Certificate Verified Yes / No</p> <p><b>*\$5 Discount for each additional family member</b></p>
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**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 M E D I C A L R E L E A S E



**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.

# Form Release and Waiver (formerly Model Release)

I \_\_\_\_\_ ,  
(Player's Name)

of \_\_\_\_\_ ,  
(Address)

hereby give permission to Clinton Little League, Inc. to use photographs and video taken of me during the games and events associated with Clinton Little League, Inc. in any manner to help promote the league activities. Such use could include publications, media releases, announcements, electronic or otherwise, and on league websites or social media pages. I understand that I will not receive any compensation if such image appears in any of the manners listed above or other manner that the league deems appropriate. I agree that such image is the property of Clinton Little League, Inc.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

(If the above is a minor, the section below must be completed by a parent or guardian)

I \_\_\_\_\_ ,  
(Parent or Guardian's Name)

of \_\_\_\_\_ ,  
(Address)

the    parent    guardian of the above listed minor, hereby give my permission to  
(check one)

to Clinton Little League, Inc. to use photographs and video taken of the above listed minor during the games and events associated with Clinton Little League, Inc. in any manner to help promote the league activities. Such use could include publications, media releases, public announcements, electronic or otherwise, and on league websites or social media pages. I agree that neither I, nor the above listed minor, will receive any compensation if such image appears not receive any compensation if such image appears in any of the manners listed above or other manner that the league deems appropriate. I agree that such image is the property of Clinton Little League, Inc.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)