

SKSLL Fall Ball 2018 Registration Form

PLAYER INFORMATION

First Name: _____

Last Name: _____

Street: _____

City: _____

State: _____ Zip Code _____

Home Phone: _____

Birthdate: _____ Age: _____

Email: _____

Gender: _____ Grade: _____

Current Little League: _____

Level played in spring 2018: _____

Shirt Size: _____

MEDICAL/EMERGENCY CONTACT INFORMATION

Emergency Contact: _____

Phone: _____

Relationship to Player: _____

Insurance Carrier: _____

Policy #: _____

PARENT/GUARDIAN #1

First name: _____

Last name: _____

Email: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Please check here if you would be willing to manage, coach, or volunteer to help

PARENT/GUARDIAN #2

First name: _____

Last name: _____

Email: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Please check here if you would be willing to manage, coach, or volunteer to help



WAIVER INFORMATION

1. I/We, the parents/guardians of the above-named player, hereby give my/our approval to participate in SKSLL Fall Ball. Participation does not guarantee any position or level in the following season.

2. I/We, the parents/guardians of the above-named player, know that participation in baseball or softball may result in serious injuries and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify, and agree to hold harmless the local Little League, Little League Baseball, Incorporated, the organizers, sponsors, supervisors, participants, and persons transporting my/our child to and from activities from any claim arising out of any injury to my/our child whether the result of negligence or for any other cause.

I/we agree with the above

Signature: _____ Date: _____