FUNDRAISING OPTIONS: (Choose 1) _____Participate in Bat-a-Thon

____ Buyout - \$50 Fee

Player Information

CONCESSION BUYOUT (Choose 1) Would you like to buyout for concessions? ____Yes, Buyout - \$40 Fee ____No, I will Volunteer



Little League[®] Player Registration Form

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Player Name:	Birthdate (mm/xx/yyyy):
Address:	
Address 2 (if applicable):	League Age:
City:	State: Phone: Email:
League Fee: Zip Code:	Phone: Email:
My child will tryout for: \Box Baseball	Softball Player Shirt Size :
Parent/Guardian Information	
Parent/Guardian #1	Parent/Guardian #2
Name:	Name:
Phone:	Phone:
Email:	Email:
Occupation:	Occupation:
Volunteer? \Box Yes \Box No	Volunteer? \Box Yes \Box No
If yes, fill out "Volunteer Application"	If yes, fill out "Volunteer Application"
Medical Information	
Emergency contact:	Insurance carrier:
Relationship to player:	Phone:
Phone:	Policy:
(1) I/We, the parents/guardians of the above-named candidate for a position transportation to and from the activities.	n on a Little League team, hereby give my/our approval to participate in any and all Little League activities, including
(2) I/We know that participation in baseball or softball may result in serious in	njuries 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 free
	activities from any claim arising out of any injury to my/our child whether the result of negligence or for any other cause.
(3)	If applicable, I/We agree to return upon request the uniform and other equipment issued to my/our child in as good conditions as when received except for normal wear and tear.

(4) I Apparator, if we agree to return upon request the uniform and other equipment and softer equipment as good contains as when received exected to feature upon the feature of the information of the equipment and the execution of the execu

(5) I/We agree that our child (candidate) may be required to try out for a team. If such does not attend at least 50 percent of the tryouts, local Board-of -Directors' approval is required for such candidate to be placed on a team.

(6) If applicable, I/We understand that our child (candidate) may be chosen at any time to play on a Major Division team, if he or she is of the correct age for such division as determined by the local league and Little League Baseball. Declining to move up to such Major Division team will result in forfeiture of eligibility for the Major Division for the current season, and may be subject to further restrictions by the local league.

(7) I/We will furnish a certified birth certificate of the above-named candidate to League Officials.

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(8) I/We understand that my information as the parent or guardian of such above-named candidate is sent by the local league to Little League International each year. Such use of information by Little League International can be found here: www.LittleLeague.org/privacypolicy. You may opt-out of communications from Little League International at any time.

Signature:		Date:			
Internal Use Only: Birth Certificate: Medical Release Form Proof of Residency <u>or</u> School Enrollment	$ \begin{array}{c ccc} \Box & Yes & \Box & No \\ \Box & Yes & \Box & No \\ \Box & Yes & \Box & No \end{array} $	Waiver Needed? Level Assigned: Team Name:	□ Yes	□ No 	