

T ALL (1-6) MINOR BASEBALL (6*-11) MINOR SOFTBALL (6*-11) TRYOUT BASEBALL (9-12) TRYOUT SOFTBALL (9-12) RETURNING PLAYERS MAJOR BASEBALL (10-12) MAJOR SOFTBALL (10-12) NAME OF LAST YEAR'S TEAM: _____

* 6 year olds must play 1 year of t-ball



SHIRT SIZE (circle one)	YS 6/8	YM 10/12	YL 14-16	YXL 18-20
	AS 36/36	AM 38/40	AL 42/44	AXL 46/48
			A2XL 50/52	

2018

Little League[®] Player Registration Form
MEDOMAK VALLEY LITTLE LEAGUE

Player Information

Player Name _____ Birthdate (mm/dd/yyyy): _____

Address _____ Gender Male Female Reg. Fee \$30
 Address 2 (if applicable): _____ League Age _____ League Fee _____ Second Child \$25
 City _____ State _____ Zip Code _____ Third Child \$20
 Phone _____ Email _____ (Family max \$75)

My child will tryout for: Baseball Softball

Parent/Guardian Information

Parent/Guardian #1	Parent/Guardian #2
Name _____	Name _____
Phone _____	Phone _____
Email _____	Email _____
Occupation _____	Occupation _____
Volunteer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Volunteer? <input type="checkbox"/> Yes <input type="checkbox"/> 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: _____

Terms and Conditions

- I, the parent/guardian of the above-named candidate for a position on a Little League team, hereby give my/our approval to participate in any and all Little League activities, including transportation to and from the activities.
- I understand 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.
- If applicable, I agree to return upon request the uniform and other equipment issued to my/our child as it good condition as when received except for normal wear and tear.
- I agree to provide proof of legal residence or school enrollment as defined by Little League Baseball, Incorporated at LittleLeague.org, residence and age. I understand that my/our child candidate must be eligible under the residence, school attendance and age regulations of Little League Baseball, Incorporated to participate in this Local League and that if any controversy arises regarding residence, school attendance and/or age, the decision of the Little League International Charter Committee in Williamsport, Pennsylvania shall be final and binding. I further understand that if any participant on a Little League team does not qualify for participation in the league based on residence as defined by Little League Baseball, Incorporated and/or age, such participant and his team on which he/she participates be found ineligible, and forfeit, and at the discretion of Tournament Committee may be decreed by action of the Little League International Charter Committee or Little League International Tournament Committee.
- I agree that my/our child candidate may be required to try out for a team. If such does not stand at least 50 percent of the amount local Board-of-Directors approval is required for such candidate to be placed on a team.
- If applicable, I understand that my/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 enforcement by the local league.
- I will furnish a verified birth certificate of the above-named candidate to League Official.
- I understand that any information of 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/privacy. You may opt-out of communications from Little League International at any time.

Signature: _____ Date: _____

Internal Use Only:

Birth Certificate Yes No Waiver Needed? Yes No

Medical Release Form Yes No Level Assigned _____

Proof of Residency Yes No Team Name _____

School Enrollment _____



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