## Little League® Player Registration Form



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	I am registering my child for (pick one): ☐Tee Ball (4-5 yr	rrs)     Junior Rookies (5-6 yrs)   Rookies (7-8)   Minors   Majors
	Player Name:	Birthdate (mm/xx/yyyy):
	Address:	Gender: Male □ Female □
	Address 2 (if applicable):	
		State: Zip Code:
	·	<u> </u>
	Shirt Size: Youth: $\square XS$ $\square S$ $\square M$ $\square L$	Adult: $\square S$ $\square M$ $\square L$ $\square XL$
	Parent/Guardian Information	
	Parent/Guardian #1	Parent/Guardian #2
	Name:	Name:
	Phone:	Phone:
	Email:	Email:
	Occupation:	Occupation:
	Volunteer? $\Box$ Yes $\Box$ No If yes, fill out "Volunteer Application"	Volunteer? ☐ Yes ☐ No If yes, fill out "Volunteer Application"
	Medical Information	
	Emergency contact:	Insurance carrier:
	Relationship to player:	Phone:
	Phone:	Policy:
	Media Consent and Release for Minors	
oictui whats	res, digital images and/or videos of My Child, or in which My Child may be	m the parent/guardian of
(1)	I/We, the parents/guardians of the above-named candidate for a position on a Little League team, h	hereby give my/our approval to participate in any and all Little League activities, including transportation to and from the
(2)		equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify, and agree to hold rivisors, participants, and persons transporting my/our child to and from activities from any claim arising out of any injury to my/
(3)	our child whether the result of negligence or for any other cause.  If applicable, I/We agree to return upon request the uniform and other equipment issued to my/our c	child in as good conditions as when received except for normal wear and tear.
(4)	residence/school attendance and age regulations of Little League Baseball, Incorporated, to participa the Little League International Charter Committee in Williamsport, Pennsylvania shall be final and	seball, Incorporated at LittleLeague.org/residence) and age. I/We understand that our child (candidate) must be eligible under the this Local League, and that if any controversy arises regarding residence/school attendance and/or age, the decision of d binding. I/We further understand that if any participant on a Little League team does not qualify for participation in the league at and/or team on which he/she participates be found incligible, and forfeit(s) and/or suspension of Tournament privileges may
(5)	be decreed by action of the Little League International Charter Committee or Little League International I/We agree that our child (candidate) may be required to try out for a team. If such does not attend	ional Tournament Committee. d at least 50 percent of the tryouts, local Board-of -Directors' approval is required for such candidate to be placed on a team.
(6) (7)		lajor Division team, if he or she is of the correct age for such division as determined by the local league and Little League the Major Division for the current season, and may be subject to further restrictions by the local league.
(8)		nt by the local league to Little League International each year. Such use of information by Little League International can be found International at any time.
	Signature:	Date:
	Internal Use Only:	W. N. I.D. G.Y. G.Y.
	Birth Certificate: ☐ Yes ☐ No Medical Release Form ☐ Yes ☐ No	Waiver Needed?
	Proof of Residency $\underline{or}$	Team Name:
	School Enrollment	l l