

2012 PERRYVILLE LITTLE LEAGUE REGISTRATION FORM

PLAYER NAME: _____, _____ PHONE # _____
(LAST) (FIRST)

ADDRESS: _____

DOB : ____/____/____ GENDER: M F (Circle One) PLAYER POOL: YES or NO (Circle one)

EMAIL ADDRESS: (For updates & reminders from league) _____

Is PLAYER interested in FALL BALL: YES or NO (Circle one) FALL BALL usually runs from SEPT-OCT

BASEBALL / SOFTBALL (Circle One) FORMER TEAM: _____

INSURANCE CARRIER: _____ POLICY #: _____

EMERGENCY CONTACT: _____ PHONE: _____

HEALTH CONCERNS (ALLERGIES, MEDICATIONS, ETC.): _____

SPECIAL REQUESTS (FOR MINOR OR TEE BALL ONLY): _____

PARENT # 1
VOLUNTEER? YES / NO

PARENT # 2
VOLUNTEER? YES / NO

NAME: _____

NAME: _____

PHONE: _____

PHONE: _____

EMAIL: _____

EMAIL: _____

OCCUPATION: _____

OCCUPATION: _____

**Please check below if you would like to volunteer in any of the following areas. Please indicate which parent (#1 and/or #2). Volunteer is circled yes, please fill out volunteer application form, one for each adult.*

___MANAGER ___COACH ___TEAM PARENT ___UMPIRE ___FIELD PREP ___FALL BALL

___FUNDRAISER ___OPEN DAY PARADE ___BOARD MEMBER ___CONCESSION STAND

CONSENT AGREEMENT

1. I/We, the parents/guardians 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.
2. I/We, know that participation in baseball and softball may result in serious injuries and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnity and agree to hold harmless the local Little League, Little League Baseball, Inc. the organizers, sponsors, supervisors, participants, and persons transporting my/our child to and from any claim arising out of any injury to my/or child whether the result of negligence or for any other cause.
3. 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/We will furnish, if requested, a copy my/our child's birth certificate to league officials for age verification purposes.

PARENT OR GUARDIAN SIGNATURE _____ DATE _____

*****FOR LEAGUE US ONLY, DO NOT WRITE BELOW THIS LINE*****

DATE RECEIVED ____/____/____ VERIFIED BY _____

LEAGUE AGE _____ DIVISION _____ TEAM _____