



Santan Little League Player Registration Form

Player Name	Birthdate
Player Address	Gender
	Age
	Fee Amount
Home Phone	Amt. Paid
Player Email	How Paid

Parent #1	Parent #2
Name	Name
Phone	Phone
Work Phone	Work Phone
Cell Phone	Cell Phone
Email	Email
Occupation	Occupation
Volunteer? <input type="checkbox"/> If checked, fill out "Volunteer Application"	Volunteer? <input type="checkbox"/> If checked, fill out "Volunteer Application"

My child will tryout for: **Baseball**
 Softball

Medical Information		League Use Only	
Emergency Contact	Phone	Birth Certificate	Proof of Residency
Relationship to player		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Insurance carrier	Policy	Medical Release	Waiver Needed?
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Level Assigned	Team Name

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 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.
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 agree that our child (candidate) may be required to try out for a team. If such does not attend at least 50 percent of tryouts, local Board-of-Directors' approval is required for such candidate to be placed on a team.
5. I/We understand that our child (candidate) may be chosen at anytime 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.
6. I/We agree to provide proof of legal residence (as defined by Little League Baseball, Incorporated) and age. I/We understand that our child (candidate) must be eligible under the residence and age regulations of Little League Baseball, Incorporated, to participate in this Local League, and that if any controversy arises regarding residence and/or age, the decision of the Charter Committee in Williamsport shall be final and binding. I/We 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/or team on which he/she participates be found ineligible, and forfeit(s) and/or suspension of Tournament privileges may be decreed by action of the Charter Committee or Tournament Committee.
7. I/We will furnish a certified birth certificate of the above-named candidate to League Officials.

Signature _____ **Date** _____



Santitas Little League Player Registration Form

Player Name

Parent / Guardian #1 Relationship to Player <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian	Parent / Guardian #2 Relationship to Player <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian
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School Information:
School Name
School Grade

Uniform Information:
Shirt Size Pants Size
Hat Size Shoe/Socks Size
Jersey Nbr.

Special Requests:

Supporting Medical Information:
Doctor Name Phone #
Dentist Name Phone #
Hospital Preference
Medical Comments - Allergies, Medications, Special Conditions, Etc?

Player Custom Fields

2 D <input type="text"/>	Board Member Child <input type="text"/>
4 H <input type="text"/>	Family Cap <input type="text"/>
Financial Assistance <input type="text"/>	Custom Field 6 <input type="text"/>