

Bayside Little League

APPLICATION TO PARTICIPATE

Y

** IN YELLOW SHADED AREA ONLY **

CHILD'S NAME : _____			DATE OF BIRTH _____ / _____ / _____			<input type="text"/>
LAST	FIRST	MI	MONTH	DAY	YEAR	LEAGUE AGE
ADDRESS : _____					SEX	M / F
HOUSE #	STREET			APT #		
TOWN: _____	ZIP : _____	PHONE #: (____) _____ - _____				
E-MAIL ADD.: _____			CELL #: (____) _____ - _____			
Do you wish to Sponsor in Bayside Little League? Yes or No (please check one)						
Company/Sponsor Name _____						
Contact Person _____			Phone number (____) _____ - _____			

PLEASE READ

I the parent of the named child hereby give my approval to his/her participation in activities. I waive and agree to hold harmless the Bayside Little League, Little League Baseball Incorporated and its representatives for any claims arising out of injury to my child. Whether the result of negligence or any other cause, except to the extent and in the amount covered by accident or liability insurance. I do agree to allow my child to be profiled by local Media Organizations when in conjunction with Little League activities. I do agree to abide by **ALL** rules set forth by the Little League. I do agree to act in a manner that is acceptable to the league and Little League Baseball Inc. I agree not to use foul or abusive language towards any member or parent of Little League, consume alcohol or smoke within the area of the playing field. I understand that while cheering for my child and the team is encouraged, negative outburst will not be tolerated. I understand, that the manager of my child has full authority to place my child in any position on the playing field and the batting order and place him or her in the lineup at his discretion and in accordance with the Little League rules. I understand that failure to abide by the above or conduct myself in a suitable manner, may result in my child being suspended from the next scheduled game. Repeated offenses will result in the removal of my child from the League. I do agree to furnish a birth certificate of the above named child at the time of registration or upon request from a League Official.

Does your child have any medical conditions? Yes or No (If yes please fill out additional form)

I WILL VOLUNTEER 2 HOURS OF SERVICE TO BAYSIDE LITTLE LEAGUE

I understand that refusal to volunteer two (2) hours of service to **BLL** during the season when called upon, will result in an increase of \$100.00 dollars towards my child or children's registration.

SIGNATURE : _____ DATE _____ / _____ / _____

Agreeing to all the above conditions

OCCUPATION OF SIGNEE : _____

FOR LEAGUE OFFICIAL USE ONLY

I HAVE EXAMINED THIS APPLICATION AND SUPPORTING PROOF OF AGE DOCUMENT AND FIND BOTH TO BE IN ACCORDANCE WITH LITTLE LEAGUE BASEBALL RULES AND REGULATIONS.

NEW _____ (SIZES): Shirt: _____ Pants: _____ DATE OF BIRTH _____

CHECK # _____ BASEBALL - GIRL SOFTBALL ADDRESS VERIFIED _____ TRY-OUT SCORE _____

(CIRCLE ONE)

League Official _____ Date _____ / _____ / _____