

League Age: _____

(Age as of next April 30th)

Moreno Valley Little League

Tryout # _____

Player Application

Shirt Size (Circle One): YS YM YL AS AM AL AXL A2X A3X

Player's First Name _____ Last Name _____ Age _____ Date of Birth _____

Street Address _____ City _____ State _____ Zip _____ Phone _____

Height _____ Weight _____ Total Years Experience _____

Returning Player? Yes _____ No _____ Previous Team _____ Previous Division _____

Sibling Option? Yes _____ No _____ Sibling Name _____ League Age _____

Sibling Name _____ League Age _____ Sibling Name _____ League Age _____

Father/Guardian Name _____ Mother/Guardian Name _____

Address _____ Address _____

Email _____ Email _____

Home Phone _____ Home Phone _____

Work Phone _____ Work Phone _____

Mobile Phone _____ Mobile Phone _____

Text? Yes _____ No _____ Mobile Carrier _____ Text? Yes _____ No _____ Mobile Carrier _____

Note to Parents

Moreno Valley Little League appreciates payment of your child's fee. However, if you are unable to pay your player fee in full today, a deposit of ½ the fee is required and a payment plan for the balance can be established with the treasurer.

Hold Harmless Agreement

I/We the Parents/guardians of the above named child, give approval for him/her to participate in all MVLL activities during the current baseball season. I/We assume all responsibility for all risks and hazards to such participation including transportation to and from all activities. I/We shall hold harmless the organizers, sponsors, supervisors, participants and persons transporting our child, except to the extent and in the amount covered by the league accident or liability insurance. I/We agree not to hold Moreno Valley Little League responsible for any insurance deductible whether provided through the league insurance or not. I/We also agree to hold harmless the league and its officers from any claims arising from injury to said child. I/We accept full responsibility for any uniforms which are issued to said child in the amount of full replacement value, if lost or stolen. I/We will furnish a certified birth certificate and proof of residence upon submission of this application to league officials. I/We understand that the league is not responsible for any loss/damage to any vehicle or personal property while attending league functions and agree to make no claims against MVLL for any damage to vehicles so parked.

Emergency Medical Information and Release

In case of emergency, if the family physician cannot be reached, I/we hereby authorize (player) _____ to be treated by another qualified physician who is available.

Health Insurance Provider _____ Physician's Name _____

Current Medication _____ Allergies _____

Parent Signature _____ Date _____

Office Use Only

Date Received _____ Received By _____ Amt Received _____ Payment Method _____

Residence Verified [] Within Boundaries [] Birth Certificate [] Type of Residence documentation _____