

REGISTRATION FORM

FOR LEAGUE USE ONLY



Gresham Little League

P.O. Box 181 • Gresham, OR 97030
503-666-5001

_____/_____/_____
registration date

player's name: first and last sex birthdate

grade _____ player lives with: MOM DAD BOTH

comments (medical concerns, transportation, etc.)

insurance company policy # hospital or emergency clinic preference

elementary school attendance area

<input type="checkbox"/> A.L.	<input type="checkbox"/> N.L.
league age (as of 4/30) _____	
birth certificate verified by	
<input type="checkbox"/> Tee-Ball	<input type="checkbox"/> JR Ball
<input type="checkbox"/> Rookie	<input type="checkbox"/> SR Ball
<input type="checkbox"/> Farm	<input type="checkbox"/> Big League
<input type="checkbox"/> Minor	<input type="checkbox"/> Softball
<input type="checkbox"/> Major	
<input type="checkbox"/> Challenger	
team assignment	
# players	total fees
<input type="checkbox"/> CASH	<input type="checkbox"/> CHECK
received by	

FATHER

MOTHER

name: first and last

address

city state zip

home phone day (work) phone

occupation volunteer code

email address

name: first and last

address

city state zip

home phone day (work) phone

occupation volunteer code

email address

I/We, the parents 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.

I/We know that participation in baseball may result in serious injuries and protective equipment does not prevent injuries to players, and do hereby waive, release, absolve, indemnify and agree to hold harmless the Gresham Little League, Little League Baseball Incorporated, the organizers, sponsors, supervisors, participants and person transporting my/our child to and from activities for any claim arising out of an injury to my/our child whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance.

I/We hereby give my/our consent for all medical care prescribed by a duly licensed Doctor of Medicine for the above named candidate as his/her parent or legal guardian. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my/our dependent.

I/We agree to return upon request the uniform and other equipment issued to my/our child in as good a condition as when we received except for normal wear and tear.

I/We will furnish a certified birth certificate of the above named candidate to League officials.

PARENT(S) or GUARDIAN SIGNATURE X _____