



Winter League – Registration Form

Fax to 914-2221 with credit card info or mail with check to: PO Box 2454, Granite Bay, CA 95746



PLAYER INFORMATION

Player's Last Name, Player's First Name, Birth Date, Player's Email, School Attending, Did player play in Lakeside LL last season (Y/N)?, Is player returning to major team (Y/N)?, Team

PARENT INFORMATION

Mother's Name, Father's Name, Mother's Work Phone, Father's Work Phone, Residence Address (No P.O. Boxes), City, Zip Code, Home Phone, Mother's Email, Father's Email

As Parent or Guardian, I give my approval for the child named above to participate in any and all of Little League activities. I assume responsibility for all risks and hazards incidental to such participation including transportation to and from activities, and I agree to hold harmless the Loomis-Eureka Lakeside Little League, Little League Baseball, Inc., the organizers, sponsors, supervisors, participants and person transporting my child to/from activities for any claim due to injury to my child, except to the extent and amount covered by accident and liability insurance. I agree to return in good condition the uniform and other equipment issued to my son/daughter.

Parent's Signature, Date:

PLAYER'S MEDICAL RELEASE INFORMATION

Health Insurance, Health Plan Number, Player's Physician, Physician Phone Number, Preferred Hospital, Player's Dentist, List any allergies, List any medications

Is your child subject to any condition that may result in an emergency situation, such as: Epilepsy, Diabetes, Fainting Spells, Heart Conditions, Asthma, Other. I/we know that participation in baseball may result in serious injuries to my/our child. Protective equipment does not provide complete protection from all injuries to players. In case of an emergency, if the family physician cannot be reached, I hereby authorize my/our child to be treated by another qualified licensed physician who is available.

Parent's Signature, Date:

Registration Fees ~ \$75 per player, Request Financial Assistance

VOLUNTEER ACTIVITY ~ Please Help Us Out!

I am willing to volunteer as: Manager, Coach, Team Parent, Umpire, Field Prep, Other

TEAM FUND RAISING ACTIVITY ~

\$25 Donation, \$75 Donation, \$ Donation

LEAGUE OR TEAM SPONSORS ~

I would like to speak with a Lakeside Little League representative about the various sponsor opportunities. Please contact me at:

(Credit Card Required)

Credit Card Type and #, Name on Card, Exp. Date, Amount to Charge to Card, Signature

BY CHECKING THIS BOX I/WE AGREE TO ALL OF THE TERMS AND CONDITIONS OF THIS AGREEMENT

THIS PORTION TO BE COMPLETED BY LAKESIDE LITTLE LEAGUE

Draft Number, League Age, Division, Team, Proof of residence, Officer, Date, Cash Received, Check Received