

**Lincoln Little League
2012 REGISTRATION FORM**

Player:

Full Name: _____

Sex: _____ Birth date: _____ Verified by: _____

Player lives with: Father Mother Both Parents Legal Guardian _____

Player's Team last year (if played in Lincoln Little League): _____

Medical Condition (s): _____

Insurance Company and policy number: _____

Father:

Name: _____

Address: _____

Email: _____

Phone: _____ Cell phone: _____

Occupation: _____

Mother:

Name: _____

Address: _____

Email: _____

Phone: _____ Cell phone: _____

Occupation: _____

Please consider VOLUNTEERING this season and helping Lincoln Little League be an amazing experience for your child and the children in our community. All volunteers are required to complete a background check form annually.

Manager _____ Coach _____ Assistant Coach _____ Equipment Control _____ Team mom/dad _____
Concession Stand _____ Fundraising _____ Field maintenance _____ Board of Directors _____ Event Planning _____

I/We, the parents and or guardian of the above named candidate for a position on a league team, hereby give my/our approval to participate in any and all league activities. I/We assume all risk and hazards incidental to such participation, including transportation to and from the activities; and I/we do hereby waive, release, absolve, indemnify and agree to hold harmless the local league, the chartering organization, the organizers, sponsors, participants and persons 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 from any other cause, except to the extent and in the amount covered by accident and liability insurance. I/We understand that the insurance carried by this league covers only the amount that is not paid by my/our carrier. I/We agree to return upon request the uniform and other equipment issued to my/our child in as good as condition as when issued except for normal wear and tear. I/We will furnish a certified birth certificate of the above named candidate to league officials.

Parent Signature: _____ Date: _____

FOR OFFICIAL USE ONLY: Check #: _____ Cash: _____ Verified by : _____ Total \$: _____