

OCEAN VIEW LITTLE LEAGUE

P.O. BOX 1033 • HUNTINGTON BEACH, CA 92647 • 714.702.0788

PLAYER REGISTRATION APPLICATION SPRING 2010

(SHADED AREA FOR LEAGUE USE)

DIVISION REQUESTED: FEE WEE BALL: \$125 MINOR B: \$150 T-BALL: \$125 MINOR A: \$150 FARM: \$150 MAJORS: \$150 MINOR C: \$150 JUNIORS: \$175	CHECK CASH VERIFY BOUNDARY VERIFY BIRTH CERT	LEAGUE AGE DIVISION TEAM ASSIGNED	TRYOUT # TRYOUT DATE TRYOUT TIME
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PLAYER INFORMATION

RETURNING PLAYER		NEW PLAYER			
LAST NAME	FIRST NAME	MI	SEX	BIRTH DATE / /	LAST YEAR DIV & TEAM
SCHOOL PLAYER ATTENDS		PLAY WITH REQUESTS: TEAMMATE OR COACH (Wee-ball / T-ball / Farm / Minor C Only)		AGE 10 PLAYER: NO MAJORS	

PARENT(S) or GUARDIAN(S) INFORMATION

LIVES WITH: FATHER MOTHER BOTH							
FATHER'S (GUARDIAN'S) NAME			MOTHER'S (GUARDIAN'S) NAME				
HOME ADDRESS			HOME ADDRESS				
CITY		STATE	ZIP	CITY		STATE	ZIP
HOME PHONE ()	WORK PHONE ()	CELL PHONE ()		HOME PHONE ()	WORK PHONE ()	CELL PHONE ()	
EMAIL ADDRESS				EMAIL ADDRESS			
OCCUPATION/EMPLOYER				OCCUPATION/EMPLOYER			

PARENT'S PERMISSION AND MEDICAL INFORMATION FORM

I/We, the parent(s) or guardian(s) of the above-named child, hereby give my/our approval to this participation in any and all of the activities of Ocean View Little League during the current season. I/We assume all risks and hazards incidental to the conduct of the activities and transportation to and from the facilities. I/We do further hereby release, absolve, indemnify and hold harmless Ocean View Little League Baseball, Inc., the organizers, sponsors, directors and the supervisors, any and all of them. In case of injury to my/our child, I/We hereby waive all claims against the organizers, the sponsors, directors or any of the supervisors appointed by them. I/We likewise waive, to the extent not covered by liability insurance, any claim against any person transporting my/our child to or from the activities. I/We will furnish a certified birth certificate to the above-named registrant upon request of Little League officials. I/We agree to return the uniform and other equipment issued to my child in as good a condition as when received except for normal wear and tear.

I/We, the undersigned parent(s) or legal guardian(s) of _____, a minor, do hereby authorize and consent to any X-ray examination, anesthetic, medical or surgical diagnostics rendered under the general or special supervision of any member of the medical staff and emergency staff licensed under the provisions of the Medicine Practice Act or a dentist licensed under the provisions of the Dental Practice Act and on the staff of any general hospital holding a current license to operate in a hospital from the State of California, Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power to render care with the aforementioned physician, in the exercise of his best judgment, may deem advisable. It is understood that efforts shall be made to contact the undersigned prior to rendering treatment of the patient, but that any of the above mentioned treatments will not be withheld if the undersigned cannot be reached.

Parent(s) or Guardian(s) Signature _____ Date _____

List any allergies, disabilities, handicaps, injuries, heart conditions, respiratory illness or other related medical information:

Emergency Contact	Telephone #
Physician's Name	Telephone #
Medical Insurance Carrier	Policy #

LITTLE LEAGUE BASEBALL DOES NOT LIMIT PARTICIPATION IN ITS ACTIVITIES ON THE BASIS OF DISABILITIES