

POWAY NATIONAL LITTLE LEAGUE PLAYER REGISTRATION FORM

<u>League use only</u>	BIRTH CERT VERIFIED _____	LEAGUE AGE _____
AMOUNT PAID _____	CHECK # / CASH _____	DIV / TEAM / REQUESTED _____

PLEASE PRINT

Player's Name _____

Last

First

Address _____

E-mail Address _____

Telephone _____ Date Of Birth _____

Did Child play _____ Name of Brother/Sister applying _____
Last year? _____

Div / Team Name

What Division does your child want to be in? (if possible) _____

School Name _____ Grade _____

I/we the parents of the applicant, hereby give my/our approval and consent to participate in any and all Little League activities. I/We assume all risks and hazards incidental to such participation including transportation to and from the activities; and I/We understand that this release and waiver shall protect PNLL, Little League Baseball Inc., each member of the Board of Directors of PNLL, the managers, assistant managers, coaches, team parents, team volunteers, sponsors, supervisors, and all other agents and volunteers of PNLL and Little League Baseball Inc., for any claim arising out of any 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 agree to return upon request the uniform and other equipment issued to our child in as good condition as issued except for normal wear and tear.

I/We will furnish a copy of a BIRTH CERTIFICATE, PASSPORT, ALIEN REGISTRATION, or MILITARY HOSPITAL CERTIFICATE at the time of registration.

CAUTION: The execution of this document on behalf of your child, and on your behalf, substantially limits the rights and remedies of each of you in the event of injury or death to you or your child. Before you sign this document, read it carefully.

Father's Name (please print) Work Phone Occupation

Mother's Name (please print) Work Phone Occupation

Signature of Parent or Guardian

MEDICAL RELEASE CERTIFICATE

List any medical problem or prohibition player has: _____

Person to notify in case of emergency: _____ Phone _____

Doctor to notify in case of emergency: _____ Phone _____

CONSENT FOR MEDICAL TREATMENT (MINOR)

As the parent or legal guardian of the above named player, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my dependent.

SIGNATURE OF PARENT OR LEGAL GUARDIAN

DATE