

Vernon Little League®

A Chartered Member of Little League Baseball® Inc. **FALL BALL 2009**

PLEASE COMPLETE THIS FORM

Players Name (last, first)	Date of Birth	Little League Age	Parent or Guardian(s)	Team Played on in Spring 2009
Parent(s)/Guardians(s) address, as shown on a LEGAL form of identification:			Email Address	
Home Phone	Cell Phone	Cell Phone	Work Phone	Work Phone
Emergency Contact Name	Emergency Phone #	School	Team/Division Played in Spring 2009	

**FALL BALL FEE is \$40/player through July 31st.
Late registration after July 31 is \$45.**

Fall Ball is open to all kids who were league age 8-11 and played in Vernon Little League during the 2009 season.
(League Age is child's 'Little League Age' for the spring season as of 4/30/09)

I/We, the parents/guardians 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 or softball may result in serious injuries and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify and agree to hold harmless the local Little League, Little League Baseball, Incorporated, the organizers, sponsors, supervisors, participants and persons transporting my/our child to and from activities for any claim arising out of injury to my/our child whether the result of negligence or for any other cause. I/we agree to return upon request the uniform and other equipment issued to my/our child in as good condition as when received except for normal wear and tear. I/We have received and signed a copy of the Vernon Little League Code of Ethics. I/We agree to provide proof of legal residence (as defined by Little League Baseball, Incorporated) and age. I/We understand that our child (candidate) must be eligible under the residence and age regulations of Little League Baseball, Incorporated to participate in this Local League, and that if any controversy arises regarding residence and/or age, the decision of the Charter Committee in Williamsport shall be final and binding. I/We further understand that if any participant on a Little League does not qualify for participation in the league based on residence (as defined by Little League Baseball, Incorporated) and or age, such participant and/or team on which he/she participates be found ineligible and forfeits(s) and/or suspension of Tournament privileges may be decreed by action of the Charter Committee or Tournament Committee.

I/We agree that our child (candidate) may be required to try out for a team. If such candidate does not attend at least 50 percent of the tryouts, local Board of Directors approval is required for such candidate to be placed on a team. I/We understand that our child (candidate) may be chosen at any time to play on a Major Division team, if he or she is of the correct age for such a division as determined by the local league and Little League Baseball. Declining to move up to such Major Division team will result in a forfeiture of eligibility for the Major Division for the current season, and may be subject to further restrictions by the local league.

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

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Little League Baseball does not limit participation in its activities on the basis of disability, race, color, creed, national origin, gender, sexual preference or religious preference.

Rev 1-06

Vernon Little League Medical Release

League Number - 2070812

Season – FALL BALL 2009

Note - to be carried by regular season or tournament manager together with team roster or eligibility affidavit.

Player Name _____ Date of Birth _____
 Home Address _____ Home Phone _____
 E-mail Address _____

Parent Name(s)	Address	Work Phone	Cell Phone

Parent or Guardian Authorization:

In case of Emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel. (i.e. EMT, First Responder, ER Physician)

Family Physician _____ Phone _____
 Address _____
 Hospital Preference _____

In Case of Emergency, list 2 additional contacts (other than parents)

Name	Phone	Relationship to Player

Please list any allergies / medical problems, including those requiring maintenance medication. (i.e. Diabetic, Asthma, Seizure Disorder, etc.)

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem, which may interfere with or alter treatment.

Date of last Tetanus Toxoid Booster: _____

Medical Insurance Company : _____ ID Number : _____

Mr. / Mrs. / Ms. _____ Date : _____

Authorized Parent Guardian Signature

Is there anything else we should know about your child? _____

Warning: Protective equipment cannot prevent all injuries a player might receive while participating in baseball or softball.