

Player Registration Form



WSLL
 P.O. Box 14783
 Fremont, CA 94539
www.wsll.org
 510-651-3880 (clubhouse)

Player Information

Players Last Name		First Name		Date of Birth	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Street Address			City	Zip Code	Home Phone
School	Grade	Names of brothers/sisters enrolled	Primary Email Address		<input type="checkbox"/> Check if you do not want your email published

Parent/Guardian Information

Father/Guardian Name		Cell Phone	Business Phone
Email Address – 1		Email Address – 2	
Volunteer As (Check all applicable) <input type="checkbox"/> Manager <input type="checkbox"/> Coach <input type="checkbox"/> Umpire <input type="checkbox"/> Scorekeeper <input type="checkbox"/> Team Parent <input type="checkbox"/> Helper at events		Skills/business that could help us maintain the WSLL facility:	
Mother/Guardian Name		Cell Phone	Business Phone
Email Address – 1		Email Address – 2	
Volunteer As (Check all applicable) <input type="checkbox"/> Manager <input type="checkbox"/> Coach <input type="checkbox"/> Umpire <input type="checkbox"/> Scorekeeper <input type="checkbox"/> Team Parent <input type="checkbox"/> Helper at events		Skills/business that could help us maintain the WSLL facility:	

Health Insurance/Emergency Information

Health Insurance Plan	Plan or Group Number
Doctor to Notify in Emergency	Doctor's Phone Number
Neighbor to Notify in Emergency	Neighbor's Phone Number
Please indicate any special conditions or physical limitations (Allergies, Hearing, Sight, etc.)	

Important - Please Read & Sign Acknowledgement of Conditions

1. I/We, hereby give my/our approval for the above named player to participate in any and all Little League activities, including transportation to and from activities.
2. I/We will furnish a certified birth certificate and proof of residence if requested of the above named player to League Officials.
3. I/We agree to return on request the uniform and other equipment issued to my/our child in as good of condition as when received, except for normal wear and tear.
4. I/We know that participation in baseball may result in serious injury and protective equipment does not prevent all injuries to players, and do hereby waive, release, indemnify, and agree to hold harmless the local Little League, Little League Baseball Inc., the organizers, sponsors, supervisors, participants, and persons transporting my/our child to/from activities for any claim arising out of injury to my/our child whether the results of negligence or any other cause.
5. I/We agree to serve one session in the snack shack for each player registered (encouraged), or pay a levy of \$50 before the games begin.
6. **IN CASE OF EMERGENCY**, if family physician cannot be reached, I/We authorize the above named player to be treated by another physician.

SIGNATURE: _____ DATE: _____

Can you help sponsor WSLL? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure – talk to me.	Comments/Requests
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League Use Only

Dues	Method of Payment <input type="checkbox"/> Cash <input type="checkbox"/> Check #	Birth Certificate <input type="checkbox"/> Supplied <input type="checkbox"/> On file <input type="checkbox"/> Needed
League Age	Assigned Level	Boundary <input type="checkbox"/> Checked
Comments		