

Central City Little League Registration Application 2017 Season

Player Information

Player Name: _____ Birthdate (mm/dd/yyyy) _____
 Address: _____ Gender (Circle): Male Female
 Address 2: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Shirt Size: (YM, AM, etc.) _____

Parent/Guardian Information

Parent/Guardian #1

Name: _____
 Phone: _____
 Email: _____
 Occupation: _____
 Volunteer (Circle)? Yes No
 If yes, fill out "Volunteer Application"

Parent/Guardian #2

Name: _____
 Phone: _____
 Email: _____
 Occupation: _____
 Volunteer (Circle)? Yes No
 If yes, fill out "Volunteer Application"

Medical Information

Emergency Contact: _____ Insurance Carrier: _____
 Relationship to Player: _____ Policy Number: _____
 Phone Number: _____ Physician Name: _____
 Allergies/Medical Conditions: _____

Terms and Conditions

1. 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.
2. I/We know that participation in baseball 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 Central City Little League, Little League Baseball, incorporated, the organizers, sponsors, supervisors, participants, and persons transporting my/our child to and from activities from any claim arising out of any injury to my/our child whether the result of negligence or for any other cause.
3. I/We agree to provide proof of legal residence or school enrollment (as defined by Little League Baseball, incorporated, at LittleLeague.org/residence) and age. I/We understand that our child (candidate) must be eligible under the residence/school attendance and age regulations of Little League Baseball, Incorporated, to participate in the Central City Little League and that if any controversy arises regarding residence/school attendance and/or age, the decision of the Little League International Charter in Williamsport, Pennsylvania shall be final and binding. I/We further understand that if any participant on a Little League team does not qualify for participation in the league based on residence and/or age, such participant and/or team on which he/she participates be found ineligible, and forfeit(s) and/or suspension of Tournament privileges may be decreed by action of the Little League International Charter or Tournament Committees.
4. I/We agree that our child (candidate) may be required to try out for a team. If he/she does not attend, the Board of Directors' approval is required for such candidate to be placed on a team.
5. 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 division as determined by Central City and Little League Baseball. Declining to move up to such a Major Division team may be subject to restrictions by the Board of Directors.
6. Upon request, I/We will furnish a certified birth certificate of the above named candidate to League Officials.
7. I/We understand that my information as the parent or guardian of such above-named candidate is sent by the league to Little League International each year. Such use of information by Little League International can be found here: www.LittleLeague.org/privacypolicy. You may opt-out of communications from Little League International at any time.
8. I/We give Central City approval to use my/our and child's name and likeness on any and all media outlets approved by the Board of Directors, including the league website and Facebook page.

Signature: _____ Date: _____

League Use Only

Total Due: _____ Balance: _____ Payment Method: _____
 League Age: _____ Tryout Required: _____ Division: _____
 Waiver: _____

Thank you for your support of Central City Little League Baseball