

2017 PLAINS LITTLE LEAGUE PLAYER REGISTRATION FORM

PLAYER INFORMATION:	
PLAYER NAME: _____ <div style="text-align: center; margin-top: 10px;"> LAST NAME FIRST NAME </div>	BIRTHDATE: _____ <div style="text-align: center; margin-top: 10px;"> MONTH/DAY/YEAR </div>
ADDRESS: _____ <div style="text-align: center; margin-top: 10px;"> STREET NUMBER & NAME </div>	GENDER: _____ <div style="text-align: center; margin-top: 10px;"> MALE OR FEMALE </div>
CITY/STATE/ZIP: _____ <div style="text-align: center; margin-top: 10px;"> CITY STATE/ZIP CODE </div>	RETURNING PLAYER: _____ <div style="text-align: center; margin-top: 10px;"> YES OR NO (IF NO, BIRTH CERTIFICATE & PROOF OF RESIDENCY REQUIRED) </div>
HOME PHONE: _____ <div style="text-align: center; margin-top: 10px;"> HOME PHONE NUMBER </div>	SHIRT SIZE: _____ <div style="text-align: center; margin-top: 10px;"> YS-YM-YL-AS-AM-AL-AXL-AXXL-AXXXL </div>
EMAIL ADDRESS: _____ <div style="text-align: center; margin-top: 10px;"> HOME EMAIL ADDRESS </div>	MY CHILD WILL TRY OUT FOR: _____ <div style="text-align: center; margin-top: 10px;"> INSERT DIVISION ABOVE FROM LIST BELOW </div>
SCHOOL ENROLLED IN: (CIRCLE ONE): BEAR CREEK CHARTER DAN FLOOD ELEMENTARY WILKES BARRE ACADEMY SS. NICK'S/MARY'S ELEMENTARY SOLOMON PLAINS ELEMENTARY WYOMING AREA CATHOLIC SOLOMON PLAINS JR. HIGH HOLY ROSARY ELEMENTARY COUGHLIN HIGH SCHOOL HOLY REDEEMER HIGH SCHOOL GOOD SHEPARD ACADEMY OTHER _____	DIVISIONS AS FOLLOWS: (SUGGESTED AGES ONLY INDICATED) TBALL (4-6) MAJOR SOFTBALL (10-12) MINORS COACH PITCH (6-7)/*(8) JUNIOR TEENER SOFTBALL (13-14) MINORS SOFTBALL (8-10) JUNIOR TEENER BASEBALL (13-14) MINORS BASEBALL (8-10) SENIOR TEENER SOFTBALL (15-16) MAJOR BASEBALL (10-12) SENIOR TEENER BASEBALL (15-16)

PARENT INFORMATION

PARENT/GUARDIAN #1 NAME: _____ <div style="text-align: center; margin-top: 10px;"> LAST NAME FIRST NAME </div>	PARENT/GUARDIAN #2 NAME: _____ <div style="text-align: center; margin-top: 10px;"> LAST NAME FIRST NAME </div>
CELL #: _____ <div style="text-align: center; margin-top: 10px;"> CELL PHONE NUMBER </div>	CELL #: _____ <div style="text-align: center; margin-top: 10px;"> CELL PHONE NUMBER </div>
EMAIL: _____ <div style="text-align: center; margin-top: 10px;"> EMAIL ADDRESS </div>	EMAIL: _____ <div style="text-align: center; margin-top: 10px;"> EMAIL ADDRESS </div>

2017 PLAINS LITTLE LEAGUE PLAYER REGISTRATION FORM

PLAYER INFORMATION:

	LEAGUE AGE _____
PLAYER NAME: _____	BIRTHDATE: _____
LAST NAME FIRST NAME	MONTH/DAY/YEAR

1. I/WE, THE PARENTS/GUARDIANS OF THE ABOVE-NAMED CANDIDATE FOR A POSTION ON A LITTLE 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 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 NOT 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 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 RETURN UPON REQUEST THE UNIFORM AND OTHER EQUIPMENT ISSUED TO MY/OUR CHILD IN AS GOOD CONDITIONS AS WHEN RECEIVED EXCEPT FOR NORMAL WEAR AND TEAR.
4. I/WE AGREE THAT OUR CHILD(CANDIDATE) MAY BE REQUIRED TO TRY OUT FOR A TEAM. IF SUCH DOES NOT ATTEND AT LEAST 50 PERCENT OF THE TRYOUT(S), THE LOCAL BOARD OF DIRECTORS' APPROVAL IS REQUIRED FOR SUCH A CANDIDATE TO BE PLACED ON A TEAM.

5. I/WE UNDERSTAND THAT OUR CHILD(CANDIDATE) MAY BE CHOSEN AT ANYTIME TO PLAY ON A MAJOR DIVISION TEAM, IF HE OR SHE IS OF CORRECT AGE FOR SUCH DIVISION AS DETERMINED BY THE LOCAL LEAGUE AND LITTLE LEAGUE BASEBALL. DECLINING TO MOVE UP TO SUCH MAJOR DIVISION TEAM WILL RESULT IN FORFEITURE OF THE ELIGIBILITY FOR THE MAJOR DIVISION FOR THE CURRENT SEASON, AND MAY BE SUBJECT TO CERTAIN RESTRICTIONS BY THE LOCAL LEAGUE.
6. I/WE AGREE TO PROVIDE PROOF OF LEGAL RESIDENCE(AS DEFINED BY LITTLE LEAGUE BASEBALL, INC.) 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 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 TEAM 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 FORFEIT(S) AND/OR SUSPENSION OF TOURNAMENT PRIVILEGES MAY BE DECREED BY ACTION OF THE CHARTER COMMITTEE OR TOURNAMENT COMMITTEE.
7. I/WE WILL FURNISH A CERTIFIED BIRTH CERTIFICATE OF THE ABOVE-NAMED CANDIDATE TO THE LEAGUE.

SIGNATURE OF PARENT/GUARDIAN

DATE SIGNED

VOLUNTEER INFORMATION:

PLEASE INDICATE IN THE SPACE PROVIDED IF THE PARENT/GUARDAN WISHES TO MANAGE OR ASSISTANT COACH A TEAM _____	
	IF YES, INDICATE MANAGE OR ASSISTANT COACH AND COMPLETE VOLUNTEER APPLICATION

FEE SUMMARY (LEAGUE USE ONLY):

REGISTRATION FEE : _____	PAYMENT METHOD: _____	
	(CASH,CHECK, OR CREDIT CARD)	(INCLUDE CHECK NO.)
FUNDRAISING FEE: _____	PAYMENT METHOD: _____	
	(CASH,CHECK, OR CREDIT CARD)	(INCLUDE CHECK NO.)
VOLUNTEER FEE: _____	PAYMENT METHOD: _____	
	(CASH,CHECK, OR CREDIT CARD)	(INCLUDE CHECK NO.)
TOTAL FEES PAID: _____		

INDICATE ABOVE IF BOX OF CANDY IS PROVIDED