

Plant City Little League 2010 Fall Player Registration Form

League Use Only							
Birth Certificate Yes No	Proof of Resid.						
Medical Release Yes No	Waiver Needed Yes No						
Level Assigned	Team Name						

MOPALK!						Level Assigned	ream Name		
	Last		First	M		Birthdate			
Player Name					League	Gender	M F		
Player Address					Age	Fee Amount			
,						Other Fees			
City, State, Zip						Booster Member			
Home Phone	()		School Grade			Amount Paid			
Player E-mail						Cash C	heck#		
My Child is Majors L	Draft Eleigible- Circle One	?	No - Yes	Initials		Reciept #			
				REAL	AND INITI	AL EACH ITEM- BEL	ow		
Parent #1	Booste	r Mei	mber		-	dians of the above-nar			
Name: Last/ First				position on a Little Leagu and all Little League Activ					
Home Phone	()		Mother	2 I/Wa kno	w that nartici	nation in baseball or so	ofthall may result in		
Cell Phone	()		Father	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,					
Work Phone	()		Guardian	and do hereby waive, release, absolve, indemnify, and agree to hold harmless the local Little League, Little League Baseball, Incorporated, the organizers, sponsors,					
E-Mail			1	supervisors, participants,	and persons	transporting my/our cl	hild to and from		
Occupation				activities from any claim of negligence or for any o	_	any injury to my/our ci	alia whether the resul		
Volunteer?	If Checked, fill out	'Volur	nteer Application"	3. I/We Ag	ree to return	upon request the unifo	rm and other		
Parent #2	Booste	r Mei	mber	equipment issued to my/					
Name: Last/ First		1 [
Home Phone	()		Mother	a team. If such does not		hild (candidate) may be t 50 percent of tryouts,			
Cell Phone	()		Father	Directors' approval is req	uired for sucl	candidate to be place	d on a team.		
Work Phone	()	-	Guardian						
E-Mail	,	ļ	1	5. I/We und	erstand that	our child (candidate) m	ay be chosen at		
Occupation				anytime to play on a Maj division as determined b			-		
Volunteer?	If Checked, fill out '	'Volur	nteer Application"	move up to such Major	-	-	-		
				Division team will result in current season, and may					
Medical Information	1			6. I/We agre	e to provide	proof of legal residence	e (as defined by Little		
Emergency Contact				League Baseball, Incorpo	rated) and ag	e. I/We understand tha	at our child (candidate		
Phone	()			must be eligible under th Incorporated, to participa			•		
Relationship to Player				regarding residence and/	-				
Insurance Carrier				Willimsport shall be final participant on a Little Lea	_		-		
Policy				based on residence (as de League Baseball, Incorpo	•		and/or team on which		
Doctor Name & Pho				he/she participates be fo	und ineligible	, and forfeit(s) and/or	suspension of		
Dentist Name & Pho	one			tournament privileges m Tournament Committee.	•	I by action of the Chart	er Committee or		
Hospital Preference						منافاتها المساطات	of the above were !		
iviedical Comments-	Allergies, Medications, Special Cor	ditions,	Ect?	candidate to League Offic		tified birth certificate o	n tile above-named		

Signature: Date: