

KINGSTON/FORTY FORT LITTLE LEAGUE REGISTRATION FORM

BASEBALL

T-Ball Coach Pitch Minor League Major League Junior League Senior League

SOFTBALL

Minor League Major League Junior League Senior League

PREVIOUS SEASON'S TEAM: _____

NEW PLAYER

SHIRT SIZE

YS YM YL AS AM AL AXL AXXL

NAME: _____

BIRTHDATE: _____

ADDRESS: _____

HOME PHONE: _____

CELL PHONE: _____

E-MAIL: _____

EMERGENCY CONTACT: _____

EMERGENCY PHONE: _____

MEDICAL ALERTS: _____

SCHOOL: _____

GRADE: _____

PARENTS: _____
(mother) (father)

EMPLOYER: _____
(mother) (father)

I am interested in helping with the league:

Manager* **Coach*** **Team Parent*** **Team Sponsor (\$250)** **Stand Auxiliary***

* Background check required

Having been informed of the KINGSTON BASEBALL & SOFTBALL INC. (KBSI) program to provide supervised baseball/softball, I/we, the parent(s) or guardian(s) of the above named candidate, do hereby give my/our consent to his/her participation in any and all of the activities during the current season. I/we do assume all risks and hazards incidental to the conduct of the activities and transportation to and from the activities; and I/we do further hereby release, absolve, indemnify and hold harmless the organizers, sponsors and supervisors appointed by them. I likewise release from responsibility any person transporting my/our son/daughter to and from the activities.

I have furnished a certified birth certificate of the above named candidate and three proofs of residency and/or school form as specified by Little League Incorporated. I have received the KBSI Code of Conduct and understand its purpose for our organization.

Additional fees will be assessed for post-season play. Fees will be determined annually based on tournaments entered.

Notice of Insurance: Kingston Baseball and Softball Inc. has a "supplementary" insurance policy, including a deductible paid by the candidate's family, which becomes effective only after the benefits of your personal insurance have been utilized. Please list the name of the insurance company with whom your son/daughter is insured, and indicate whether there is any reason why you believe he/she would not be covered while participating in our league.

FAMILY INSURANCE CARRIER: _____

Refreshment Stand: Each team will be required to have one representative work in the snack stand at any **home** game during the regular season, in order for that game to be played. Postseason team representatives will also be required to work in the stand if my child(ren) are playing during postseason.

PARENT SIGNATURE: _____ **DATE:** _____

(I have read and understand and will abide by the above information.)