



# Little League® Player Registration Form

## Player Information

Player Name: \_\_\_\_\_ Birthdate (mm/xx/yyyy): \_\_\_\_\_

Address: \_\_\_\_\_ Gender: Male  Female

Address 2 (if applicable): \_\_\_\_\_ League Age: \_\_\_\_\_ League Fee: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

My child will tryout for:  Baseball  Softball

## Parent/Guardian Information

### Parent/Guardian #1

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Volunteer?  Yes  No

If yes, fill out "Volunteer Application"

### Parent/Guardian #2

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Volunteer?  Yes  No

If yes, fill out "Volunteer Application"

## Medical Information

Emergency contact: \_\_\_\_\_ Insurance carrier: \_\_\_\_\_

Relationship to player: \_\_\_\_\_ Phone: \_\_\_\_\_

Phone: \_\_\_\_\_ Policy: \_\_\_\_\_

## 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 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 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) If applicable, 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 to provide proof of legal residence or school enrollment (as defined by Little League Baseball, Incorporated at [LittleLeague.org/residence](http://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 this Local League, and that if any controversy arises regarding residence/school attendance and/or age, the decision of the Little League International Charter Committee 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 (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 Little League International Charter Committee or Little League International Tournament Committee.
- (5) 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 tryouts, local Board-of-Directors' approval is required for such candidate to be placed on a team.
- (6) If applicable, 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 the local league and Little League Baseball. Declining to move up to such Major Division team will result in forfeiture of eligibility for the Major Division for the current season, and may be subject to further restrictions by the local league.
- (7) I/We will furnish a certified birth certificate of the above-named candidate to League Officials.
- (8) I/We understand that my information as the parent or guardian of such above-named candidate is sent by the local league to Little League International each year. Such use of information by Little League International can be found here: [www.LittleLeague.org/privacypolicy](http://www.LittleLeague.org/privacypolicy). You may opt-out of communications from Little League International at any time.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Internal Use Only:

Birth Certificate:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Waiver Needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medical Release Form	<input type="checkbox"/> Yes <input type="checkbox"/> No	Level Assigned:	_____
Proof of Residency <u>or</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Team Name:	_____
School Enrollment			



# Little League® Baseball and Softball M E D I C A L R E L E A S E



**NOTE:** To be carried by any Regular Season or Tournament Team Manager together with team roster or International Tournament affidavit.

Player: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender (M/F): \_\_\_\_\_

Parent (s)/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Parent (s)/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Player's Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Country: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

**PARENT OR LEGAL GUARDIAN AUTHORIZATION:** Email: \_\_\_\_\_

In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel. (i.e. EMT, First Responder, E.R. Physician)

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Country: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Parent Insurance Co: \_\_\_\_\_ Policy No.: \_\_\_\_\_ Group ID#: \_\_\_\_\_

League Insurance Co: \_\_\_\_\_ Policy No.: \_\_\_\_\_ League/Group ID#: \_\_\_\_\_

**If parent(s)/legal guardian cannot be reached in case of emergency, contact:**

Name Phone Relationship to Player

Name Phone Relationship to Player

Please list any allergies/medical problems, including those requiring maintenance medication. (i.e. Diabetic, Asthma, Seizure Disorder)

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

Date of last Tetanus Toxoid Booster: \_\_\_\_\_

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

Mr./Mrs./Ms. \_\_\_\_\_  
Authorized Parent/Guardian Signature Date:

**FOR LEAGUE USE ONLY:**

League Name: \_\_\_\_\_ League ID: \_\_\_\_\_

Division: \_\_\_\_\_ Team: \_\_\_\_\_ Date: \_\_\_\_\_

WARNING: PROTECTIVE EQUIPMENT CANNOT PREVENT ALL INJURIES A PLAYER MIGHT RECEIVE WHILE PARTICIPATING IN BASEBALL/SOFTBALL.  
Little League does not limit participation in its activities on the basis of disability, race, color, creed, national origin, gender, sexual preference or religious preference.

**COMMUNITY BASED AMATEUR RECREATIONAL YOUTH BASEBALL  
PARTICIPATION AUTHORIZATION, MEDICAL RELEASE FORM AND  
RELEASE OF LIABILITY AND NEGLIGENCE CLAIMS**

NOTICE: This is a legally binding agreement. By signing this agreement, I contractually agree to never bring a lawsuit, claim or other court action to recover compensation or obtain any other remedy for any negligent act or omission causing injury to my child, or to myself, however caused, arising out of my child's voluntary participation in any of the community based amateur youth recreational baseball leagues, tournaments, games, practices, clinics or events operated by or in affiliation with any of the RELEASEES named herein. **By signing this agreement, I also agree and acknowledge that the leagues, tournaments, games, practices, clinics or events operated by or in affiliation with any of the RELEASEES, in which your child will or may participate, do not constitute commercial activities, and are instead community based amateur youth recreational baseball activities.** I acknowledge and agree that baseball field rentals, if any, does not mean my child is playing at a commercial establishment. I also agree and acknowledge that in addition to volunteers, RELEASEES may also have paid umpires, coaches and/or administrators, but this does not mean RELEASEES are engaged in commercial activity.

**ACKNOWLEDGEMENT OF RISK:**

I HEREBY ACKNOWLEDGE AND AGREE that the sport of baseball and the use of the facilities of RELEASEES named herein risks known and unknown. I have full knowledge of the nature and extent of all the risks associated with baseball, including but not limited to being hit by a baseball or a bat, sliding injuries, collision injuries, fall injuries, including the risk of catastrophic injury or death. I further acknowledge that the above list is not inclusive of all possible risks associated with baseball and that the above list in no way limit the extent or reach of this release and covenant not to sue.

**CONSENT TO EMERGENCY MEDICAL TREATMENT:**

All sports, including baseball pose a risk of severe physical injury to the participants. In the event of a medical emergency resulting from an injury or illness, the instructors, officials, coaches or umpires will endeavor to obtain medical treatment for your child. However, the RELEASEES and their volunteers, employees and agents cannot assume responsibility for acts or omissions of third parties who are called to render treatment.

I recognize the hazards with my child's participation in the baseball activities described herein. I give consent for my child to be rendered emergency medical treatment in the event of injury or illness and agree to be responsible for all costs associated with said treatment.

**RELEASE OF LIABILITY FOR NEGLIGENCE CLAIMS:**

I hereby waive, release, absolve, indemnify and agree to hold harmless all of the RELEASEES named below, and all volunteers, employees, officials and agents thereof; and all other participant teams, coaches, players; and persons transporting the participants to and from activities; and any individual, group, organization or corporation under contract with any RELEASEE, for any claim arising out of any injury or illness to my child or myself, including those resulting from the **NEGLIGENCE** of any volunteer, employee, official, agent or participant in any of the community based amateur youth recreational baseball leagues, tournaments, games, practices, clinics or events operated by or in affiliation with any of the RELEASEES named herein.

**Parent's Initials: \_\_\_\_\_**

This is to certify that I, as parent/guardian with legal responsibility for my child, in consideration for our voluntary decision to participate in the community based amateur youth recreational baseball activities described herein, do consent and agree to his/her release as provided above of all the RELEASEES, and for myself, my child and our heirs, assigns, and next of kin, I release and agree to release, indemnify and hold harmless the RELEASEES from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, **EVEN IF ARISING FROM A NEGLIGENT ACT OR OMISSION OF ANY RELEASEE**, to the fullest extent permitted by law, including, but not limited to, claims of negligent supervision, negligent monitoring, negligent staffing/hiring, negligent inspection of premises or equipment, or any alleged failure to enact or maintain adequate safety precautions, or failure to provide adequate or timely medical care or transport, or any other theory of negligence liability.

**AUTHORIZATION FOR USE OF PHOTOGRAPHS:**

I grant the released parties the right to photograph and/or videotape my child and further to use said child's name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising, promotional, website and commercial materials without reservation or limitation

**RELEASEES:**

I hereby acknowledge that the terms of this Release apply to any and all of the government and private sector entities and organizations named below, including their parks and recreation departments, all of whom are involved in the ownership, maintenance and/or the operation of the community based amateur youth recreational baseball fields, facilities, leagues, tournaments, games, practices, clinics or events in which my child will or may be voluntarily participating:

Doral Little League Inc., Cuban Missile Baseball Academy Corporation, The City of Doral, The City of Miami Springs, The City of Sweetwater, Miami-Dade County, The City of Miami, The City of Homestead, The City of Hialeah, The City of Pembroke Pines, Broward County, Village of Pinecrest, Village of Key Biscayne, Boys & Girls Club of Miami- Dade, Inc., including its Kendall and Hank Kline (Miami) locations, Boys & Girls Club Miami-Dade Foundation, Inc., The Greater Miami Boys Club Foundation, Inc., Miami Phenoms Baseball Academy, Inc., Miami Youth Baseball Association, Inc., Tamiami Youth Baseball Association, Dave and Mary Alper Jewish Community Center, Danny Berry Diamondbacks Baseball Academy, Danny Berry Travel Ball, Little League, Ripken Baseball, USSSA, Florida Premier Baseball League, and any other organization providing facilities or involved in the operation of RELEASEES baseball activities that my child will or may participate in.

**ATTACH COPY OF PLAYER'S BIRTH CERTIFICATE TO THIS FORM**

I, \_\_\_\_\_, Parent or Legal Guardian of  
(Print Name of Parent or Legal Guardian)

\_\_\_\_\_, a minor, whose date of birth is \_\_\_\_\_,  
(Print Name of Player)

do hereby agree and consent to all of the above on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
(Month) (Year)

\_\_\_\_\_  
Signature of Parent or Legal Guardian

## CITY OF DORAL

### WAIVER AND RELEASE OF LIABILITY/MEDICAL TREATMENT CONSENT

TO THE CITY OF DORAL: in consideration of the opportunity afforded to me or my minor child/ward to participate in the activity described in the Registration Form at:

Morgan Levy Park, 5300 NW 102<sup>nd</sup> Avenue / Doral Meadow Park, 11555 NW 58<sup>th</sup> Street  
Doral Legacy Park, 11400 NW 82 Street / Doral Central Park 3000 NW 87<sup>th</sup> Avenue.

(Name and Address of Facility)

I, the undersigned, on behalf of myself or my child/ward named in the Registration form, do freely agree to make the following contractual representations and agreements.

I, on behalf of myself or my child/ward named in the Registration Form, acknowledge and understand that participation in the activity involves the risk of serious injury, including permanent disability and/or death and severe social and economic losses.

I, on behalf of myself or my child/ward named in the Registration Form, do hereby knowingly, freely, and voluntarily assume all liability for any damage or injury which may occur as a result of me or my child/ward's participation in such activity and will indemnify and hold harmless from any and all liability to release, waive, discharge, and covenant not to sue the City of Doral, its officers, agents, employees, and volunteers from any and all liability or claims which may be sustained by me, my minor child/ward, or a third party directly or indirectly in conjunction with, or arising out of participation in the activity described herein, whether caused in whole or in part by the negligence of the City of Doral or otherwise.

I, on behalf of myself or my child/ward named in the Registration Form, grant permission to transport the participant to and from events, activities, programs, etc. when required and hold harmless those who transport.

I, on behalf of myself or my child/ward named in the Registration Form, also agree to allow transportation of the participant to the nearest physician or hospital for medical treatment and agree for immediate first aid to injured person when deemed necessary.

#### PHOTO RELEASE

I give permission for any photograph, video tape, or any other form of audio visual record of myself or my child's participation with the City of Doral Parks and Recreation Department to be used by the City of Doral for publicity purposes.

**I, on behalf of myself or my child/ward, have read the above provision, fully understand its terms, and understand that I, on behalf of myself or my child/ward, have given up substantial rights by signing this waiver and I acknowledge that I signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of any and all liability to the greatest extent**

**allowed by law and I agree that, if any portion of this Registration Form is held to be invalid, the balance, notwithstanding, shall continue in full force and effect.**

Name of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_