



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) 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. 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