



# ROSAMOND LITTLE LEAGUE APPLICATION TO PLAY

Jersey Size: \_\_\_\_\_

## FOR LEAGUE USE ONLY

Receipt#: _____		Date Paid: _____		Time: _____		League ID No. 4055116	
<input type="checkbox"/> Participation Fee \$ _____		League Age _____		Team Name: _____			
<input type="checkbox"/> Special Placement Request: _____ (Requires Player Agent's Approval)		A players age is determined by: SB: Current year LL age chart BB: Current year LL age chart		Player Agent's Initials: _____			
League Placement: <input type="checkbox"/> Tee Ball <input type="checkbox"/> Baseball <input type="checkbox"/> Softball <input type="checkbox"/> Challenger				<input type="checkbox"/> Copy of Birth Cert. <input type="checkbox"/> Proof of Residence			
Division: <input type="checkbox"/> Coach Pitch <input type="checkbox"/> Farm <input type="checkbox"/> Minor <input type="checkbox"/> Major <input type="checkbox"/> Junior				President's Signature: _____			

### APPLICANT INFORMATION TO BE COMPLETED BY PARENT/GUARDIAN

Please <b>PRINT</b> information.			Player's Date of Birth: Month/Day/Year ____/____/____		
Player's name (Last, First, Middle)		Physical Address: _____ _____ _____ City/Zip Code		Player's gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Mother's Name: (Last, First)		Mother's Home Phone: _____		Mother's Cell Phone: _____	
Mother's Email Address: _____				work phone: _____	
Father's Name: (Last, First)		Father's Home Phone: (if different) _____		Father's Cell Phone: _____	
Father's Email Address: _____				work phone: _____	

Participation in Little League requires the ability to run, throw swing a bat, and catch a ball. Additionally, participation requires the capacity to understand the rules of the game. Does your child have any current condition that limits his or her ability to participate in this activity?  Yes  No  
If yes please explain and identify any modification that would allow your child to participate: \_\_\_\_\_

I/We, the parent(s) of the above named applicant 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.

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 Ball, Inc. the organizers, sponsors, participants, and persons transporting my/our child to or from activities for any claim arising out of any injury to my/our child whether the result of negligence of for any other cause, except to the extent and in the amount covered by accident or liability insurance.

I/We agree to return upon request, the uniform and other equipment issued to my/our child in as good a condition as when received except for normal wear and tear.

I/We will furnish a certified birth certificate of the above named applicant to League Officials.

Parent(s) or Guardian Signature(s): \_\_\_\_\_, \_\_\_\_\_ Date: \_\_\_\_\_

Little League does not limit participation in its activities on the basis of disability. Registration fees are donations and are non-refundable under normal circumstances.

Residency shall be established and supported by CURRENT YEAR documents, PRIOR YEAR documents will NOT be accepted. Please provide ONE document from EACH group below to determine residency of such parent(s) or guardian.

**You MUST provide a birth certificate AND ONE (1) COPY from EACH Group below according to Little League International regulations**

#### Group One:

1. Driver's License
2. School Records
3. Vehicle Records
4. Employment Records
5. Insurance Documents

#### Group Two:

1. Welfare/Child Care Records
2. Federal, State or Local (municipal) Records
3. Support Payment Records
4. Homeowner/Tenant Records
5. Military Records

#### Group Three:

1. Voter's Registration
2. Utility Bill (i.e., gas, electric, water/sewer, phone, mobile phone, heating, waste disposal, cable, internet)
3. Financial Records (i.e., loan, credit, investments, etc.)
4. Medical Records

Please bring copies not originals to sign-ups. We may not have time to copy everybody's papers.

Witness: \_\_\_\_\_



# Little League<sup>®</sup> Baseball and Softball Medical Release



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

Player: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

League Name: **Rosamond Little League**

I.D. Number: **04055116**

**Parent or Guardian Authorization;**

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, ER. Physician)

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

Address: \_\_\_\_\_

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

**In case of emergency contact:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to Player: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to Player: \_\_\_\_\_

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

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

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.

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

Mr./Mrs./Ms. \_\_\_\_\_

**Authorized Parent/Guardian Signature**

**WARNING:** Protective equipment cannot prevent all injuries a player might receive while participating in Baseball/Softball. Little League Baseball does not limit participation in its activities on the basis of disability, race, color, creed, national origin, gender, sexual preference or religious preference.

**Media Release Form for League Web Site:**

I hereby grant permission to Rosamond Little League or it's appointed representative to photograph/interview my child, \_\_\_\_\_.

It is my understanding that this photograph/interview or portions thereof will be used for public view.

I agree to participate in this project without financial remuneration, and I understand that this releases Rosamond Little League or it's appointed representative from any future claims as well as from any liability arising from the use of said photograph/interview.

Name of child (please print or type): \_\_\_\_\_

Address: \_\_\_\_\_, City, State, Zip: \_\_\_\_\_

Signature of parent or guardian: \_\_\_\_\_

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