



# 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:  Yes  No Waiver Needed?  Yes  No

Medical Release Form  Yes  No Level Assigned: \_\_\_\_\_

Proof of Residency or  Yes  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.



## Little League Baseball®, Incorporated 2018 Model Release and Waiver

### ALL PLAYERS AND PARTICIPANTS UNDER 18

This section to be completed by the parent or guardian of a minor, if minor is under the age of 18 years

I, \_\_\_\_\_  
(Full Name of Parent or Guardian)

of \_\_\_\_\_  
(Address, City, State and Zip Code)

the Parent Guardian of \_\_\_\_\_

\_\_\_\_\_  
(E-mail)

\_\_\_\_\_  
(Phone)

hereby consent, grant, and give my permission to Little League Baseball, Incorporated (hereafter "LLB") and any third party which LLB determines in its sole discretion to be appropriate including, but not limited to, any and all sponsors and/or licensees of LLB a royalty free, irrevocable license, to use, exploit, adapt, modify, reproduce, distribute, publicly display, and publicly perform, throughout the world in any and all forms whether now known or later developed, the image, name, voice, or likeness of the above listed minor in any and all commercial exploits or ventures, promotional materials or announcements, publications, media releases, or advertisements, electronic or otherwise ("Work(s)"), in perpetuity, and waive any and all rights to the same. I acknowledge and agree that neither the above listed minor nor I will receive any compensation whatsoever if such image, name, voice, or likeness appears in any Works, or from any proceeds of any utilized Work. I acknowledge and agree that any use of such image, name, voice, likeness, or resulting Work is solely the property of LLB in perpetuity. In addition, I acknowledge and agree that LLB may, without my permission or advance notice to me, supply such image, name, personal information, voice, likeness, or resulting Work to, for any use, publication, and/or offer you information, programs, and services, any third party which LLB determines in its sole discretion to be appropriate.

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
(Date)

### ALL PARTICIPANTS AND ADULTS OVER 18

This section to be completed by an individual participant over the age of 18 years (e.g. coaches, umpires)

I, \_\_\_\_\_  
(Full Name of Participant)

of \_\_\_\_\_  
(Address, City, State and Zip Code)

\_\_\_\_\_  
(E-mail)

\_\_\_\_\_  
(Phone)

hereby consent, grant, and give permission to Little League Baseball, Incorporated (hereafter "LLB") and any third party which LLB determines in its sole discretion to be appropriate including, but not limited to, any and all sponsors and/or licensees of LLB a royalty free, irrevocable license, to use, exploit, adapt, modify, reproduce, distribute, publicly display, and publicly perform, throughout the world in any and all forms whether now known or later developed, my image, name, voice, or likeness in any and all commercial exploits or ventures, promotional materials or announcements, publications, media releases, or advertisements, electronic or otherwise ("Work(s)"), in perpetuity, and waive any and all rights to the same. I acknowledge and agree that I will not receive any compensation whatsoever if such image, name, voice, or likeness appears in any Works, or from any proceeds of any utilized Work. I acknowledge and agree that the use of any such image, name, voice, likeness, or resulting Work is solely the property of LLB in perpetuity. In addition, I acknowledge and agree that LLB may, without advance notice to me, supply such image, name, personal information, voice, likeness, or resulting Work to, or for any use, publication, and/or offer you information, programs, and services, any third party which LLB determines in its sole discretion to be appropriate, without my permission.

\_\_\_\_\_  
(Participant Signature)

\_\_\_\_\_  
(Date)

To view Little League's privacy and security policies, please visit [LittleLeague.org/PolicyStatements](http://LittleLeague.org/PolicyStatements). If at anytime, an individual would like to opt out, verify, or have data removed, please email [marketing@LittleLeague.org](mailto:marketing@LittleLeague.org).

OFFICE USE

Jersey # \_\_\_\_\_ Team: \_\_\_\_\_

Event: \_\_\_\_\_



# Little League® Baseball and Softball School Enrollment Form



The District and the local league will maintain this form and supporting documentation in their files. Completion of this form is only required ONCE during a participant's career, unless the school enrollment changes. A II(d) would then be required.

To Be Filled Out By Parent/Legal Guardian

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

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

League ID#: \_\_\_\_\_

Player/Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

<b>Division:</b> (Check One)	<input type="checkbox"/> Baseball	<b>Level:</b> (Check One)	<input type="checkbox"/> Tee Ball	<input type="checkbox"/> LL (Majors)	<input type="checkbox"/> Junior
	<input type="checkbox"/> Softball		<input type="checkbox"/> Minors	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Senior

Parent/Guardian Address: \_\_\_\_\_  
(Street) (City/State) (Zip)

(Print Name of Parent/Legal Guardian)

(Signature of Parent/Legal Guardian)

(Date)

## To be filled out by School Administrator, Principal, or Vice Principal

I, \_\_\_\_\_ of \_\_\_\_\_ School, located at  
(Print Name) (Print School Name)

\_\_\_\_\_; \_\_\_\_\_ hereby verify that  
(Physical Address) (School Phone Number)

\_\_\_\_\_ has enrolled and is attending the above named school for the \_\_\_\_\_  
(Print Student Name) (Year)

academic year prior to October 1st, of the current academic year.

This student has been enrolled as of \_\_\_\_\_  
(Date)

(Signature)

(Date)

Title (School Administrator, Principal, or Vice Principal)

If the Charter/Tournament Committee subsequently finds that the information submitted as acceptable documentation regarding school enrollment/attendance now shows that the previously submitted information/documentation was falsified, misrepresented or insufficient, then Little League Baseball, Incorporated reserves the right to impose sanctions and/or penalties on all appropriate parties, including but not limited to players, coaches, league officials, and/or the league which could result in suspension and/or terminations with Little League Baseball, Incorporated.



# Little League® Volunteer Application - 2019

Do not use forms from past years. Use extra paper to complete if additional space is required.

**A COPY OF VALID GOVERNMENT ISSUED PHOTO IDENTIFICATION MUST BE ATTACHED TO COMPLETE THIS APPLICATION.**

Name \_\_\_\_\_ Date \_\_\_\_\_

First Middle Name or Initial Last

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security # (mandatory) \_\_\_\_\_

Cell Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Date of Birth \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

Special professional training, skills, hobbies: \_\_\_\_\_

Community affiliations (Clubs, Service Organizations, etc.): \_\_\_\_\_

Previous volunteer experience (including baseball/softball and year): \_\_\_\_\_

1. Do you have children in the program? Yes  No

If yes, list full name and what level? \_\_\_\_\_

2. Special Certification (CPR, Medical, etc.)? (list) Yes No

3. Do you have a valid driver's license? Yes  No

Driver's License#: \_\_\_\_\_ State \_\_\_\_\_

4. Have you ever been convicted of or plead no contest or guilty to any crime(s) involving or against a minor? Yes  No

If yes, describe each in full: \_\_\_\_\_

5. Have you ever been convicted of or plead no contest or guilty to any crime(s) Yes  No

If yes, describe each in full: \_\_\_\_\_

(Answering yes to question 5, does not automatically disqualify you as a volunteer.)

6. Do you have any criminal charges pending against you regarding any crime(s)? Yes  No

If yes, describe each in full: \_\_\_\_\_

(Answering yes to question 6, does not automatically disqualify you as a volunteer.)

7. Have you ever been refused participation in any other youth programs? Yes  No

If yes, explain: \_\_\_\_\_

In which of the following would you like to participate? (Check one or more.)

- League Official     Umpire     Manager     Concession Stand
- Coach     Field Maintenance     Scorekeeper     Other \_\_\_\_\_

Please list three references, at least one of which has knowledge of your participation as a volunteer in a youth program:

Name/Phone

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**IF YOU LIVE IN A STATE THAT REQUIRES A SEPARATE BACKGROUND CHECK BY LAW, PLEASE ATTACH A COPY OF THAT STATE'S BACKGROUND CHECK. FOR MORE INFORMATION ON STATE LAWS, VISIT OUR WEBSITE: [LittleLeague.org/BgStateLaws](http://LittleLeague.org/BgStateLaws)**

AS A CONDITION OF VOLUNTEERING, I give permission for the Little League organization to conduct background check(s) on me now and as long as I continue to be active with the organization, which may include a review of sex offender registries (some of which contain name only searches which may result in a report being generated that may or may not be me), child abuse and criminal history records. I understand that, if appointed, my position is conditional upon the league receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability the local Little League, Little League Baseball, Incorporated, the officers, employees and volunteers thereof, or any other person or organization that may provide such information. I also understand that, regardless of previous appointments, Little League is not obligated to appoint me to a volunteer position. If appointed, I understand that, prior to the expiration of my term, I am subject to suspension by the President and removal by the Board of Directors for violation of Little League policies or principles.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

If Minor/Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant Name (please print or type) \_\_\_\_\_

*NOTE: The local Little League and Little League Baseball, Incorporated will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation or disability.*

## LOCAL LEAGUE USE ONLY:

Background check completed by league officer \_\_\_\_\_ on \_\_\_\_\_

System(s) used for background check (minimum of one must be checked):  
**Regulation I(c)(9) Mandates all checks include criminal records and sex offender registry records**

\* JDP  Sex Offender Registry Data and National Criminal   
Records check, as mandated in the current season's official regulations

*\*Please be advised that if you use JDP and there is a name match in the few states where only name match searches can be performed you should notify volunteers that they will receive a letter or email directly from JDP in compliance with the Fair Credit Reporting Act containing information regarding all the criminal records associated with the name, which may not necessarily be the league volunteer.*

**Only attach to this application copies of background check reports that reveal convictions of this application.**

## 2019 Little League® Age Chart FOR BASEBALL DIVISION ONLY

Match month (top line) and box with year of birth. League age indicated at right.

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	AGE
2015	2015	2015	2015	2015	2015	2015	2015	2014	2014	2014	2014	<b>4</b>
2014	2014	2014	2014	2014	2014	2014	2014	2013	2013	2013	2013	<b>5</b>
2013	2013	2013	2013	2013	2013	2013	2013	2012	2012	2012	2012	<b>6</b>
2012	2012	2012	2012	2012	2012	2012	2012	2011	2011	2011	2011	<b>7</b>
2011	2011	2011	2011	2011	2011	2011	2011	2010	2010	2010	2010	<b>8</b>
2010	2010	2010	2010	2010	2010	2010	2010	2009	2009	2009	2009	<b>9</b>
2009	2009	2009	2009	2009	2009	2009	2009	2008	2008	2008	2008	<b>10</b>
2008	2008	2008	2008	2008	2008	2008	2008	2007	2007	2007	2007	<b>11</b>
2007	2007	2007	2007	2007	2007	2007	2007	2006	2006	2006	2006	<b>12</b>
2006	2006	2006	2006	2006	2006	2006	2006	2005	2005	2005	2005	<b>13</b>
2005	2005	2005	2005	2005	2005	2005	2005	2004	2004	2004	2004	<b>14</b>
2004	2004	2004	2004	2004	2004	2004	2004	2003	2003	2003	2003	<b>15</b>
2003	2003	2003	2003	2003	2003	2003	2003	2002	2002	2002	2002	<b>16</b>

**NOTE:** This age chart is for BASEBALL DIVISIONS ONLY, and only for 2019.

## 2019 Little League® Age Chart FOR SOFTBALL DIVISION ONLY

Match month (top line) and box with year of birth. League age indicated at right.

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	AGE
2014	2014	2014	2014	2014	2014	2014	2014	2014	2014	2014	2014	<b>4</b>
2013	2013	2013	2013	2013	2013	2013	2013	2013	2013	2013	2013	<b>5</b>
2012	2012	2012	2012	2012	2012	2012	2012	2012	2012	2012	2012	<b>6</b>
2011	2011	2011	2011	2011	2011	2011	2011	2011	2011	2011	2011	<b>7</b>
2010	2010	2010	2010	2010	2010	2010	2010	2010	2010	2010	2010	<b>8</b>
2009	2009	2009	2009	2009	2009	2009	2009	2009	2009	2009	2009	<b>9</b>
2008	2008	2008	2008	2008	2008	2008	2008	2008	2008	2008	2008	<b>10</b>
2007	2007	2007	2007	2007	2007	2007	2007	2007	2007	2007	2007	<b>11</b>
2006	2006	2006	2006	2006	2006	2006	2006	2006	2006	2006	2006	<b>12</b>
2005	2005	2005	2005	2005	2005	2005	2005	2005	2005	2005	2005	<b>13</b>
2004	2004	2004	2004	2004	2004	2004	2004	2004	2004	2004	2004	<b>14</b>
2003	2003	2003	2003	2003	2003	2003	2003	2003	2003	2003	2003	<b>15</b>
2002	2002	2002	2002	2002	2002	2002	2002	2002	2002	2002	2002	<b>16</b>

**NOTE:** This age chart is for **SOFTBALL DIVISIONS ONLY**, and only for 2019.