



# South Laurel Little League Registration Form Spring 2020



(PLEASE PRINT)

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

Gender: Male  Female  Date of Birth: \_\_\_\_\_

Interested in:      Baseball       Softball Girls

Name of School Player Attends: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Shirt Size: (Circle One)    YXS    YS    YM    YL    YXL    AS

AM    AL    AXL    AXXL

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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

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

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

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

Interested in Coaching a Team? \_\_\_\_\_

Interested in Coaching a Team? \_\_\_\_\_

Interested in Volunteering? \_\_\_\_\_

Interested in Volunteering? \_\_\_\_\_

Interested in Sponsoring a Team? \_\_\_\_\_

Interested in Sponsoring a Team? \_\_\_\_\_

Have an immediate family member(s) who need(s) to be on the same team? (Must be in the same sport and age division)

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

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

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

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

***Release, Indemnification, and Insurance: (PLEASE INITIAL)***

I/We the parent(s)/guardian(s) of the aforementioned candidate for a position on a SLLL team hereby give my/our approval to participate in all SLLL activities. I/We do hereby waive, release, absolve, indemnify, and agree to defend and hold harmless the SLLL Board of Directors, individual members of the Board of Directors, League, organizers, sponsors, coaches, participants, and persons transporting my/our children to and from activities from any claim, loss, cost, damage, or cause of action arising out of or any way associated with an injury to my/our child, whether as a result of negligence or for any other cause, except to the extent and in the amount covered by the accident or liability insurance. I/We, the undersigned, affirm that all information submitted on the registration is correct. I/We understand that any falsification or failure to follow the conditions herein above will result in my/our child being dismissed from his/her team and forfeiture of any fees paid. I/We the parent(s)/guardian(s) of the aforementioned candidate agree and understand.

***Parent/Guardian Responsibilities: (PLEASE INITIAL)***

I/We the parent(s)/guardian(s) of the aforementioned candidate agree to abide by the league rules. SLLL is run by volunteers and can only continue to operate with the help of parents taking an active role in their child's activities.

***Website & Social Media: (PLEASE INITIAL & CIRCLE ONE)***

I/We the parent(s)/guardian(s) of the aforementioned candidate **DO / DO NOT** give my/our permission for my/our child's name and/or picture to appear on the league website & social media.

***All-Star Information: (PLEASE ONLY INITIAL IF INTERESTED)***

I/We the parent(s)/guardian(s) of the aforementioned candidate would like receive additional information about my/our child being considered for selection as an All-Star at South Laurel Little League and to participate in tournament activities if selected at the end of the regular season.

\_\_\_\_\_  
Parent/Guardian Name (**PRINT**)

\_\_\_\_\_  
Parent/Guardian (**SIGNATURE**)

\_\_\_\_\_  
Date

THIS BOX FOR LEAGUE USE ONLY

Method of Payment: Cash       Check  # \_\_\_\_\_      Amount \$ \_\_\_\_\_      Received by \_\_\_\_\_

Wee Ball (3-4)    Tee Ball (5-6)    Coach Pitch (7-8)    Minor (9-10)    Major (11-12)    Junior (13-14)    Senior (15-16)    Challenger (4-18)

2020 Little League Age: \_\_\_\_\_      Additional Information: \_\_\_\_\_