



Valley Little League[®] Player Registration Form

www.valleyll.org



Birth certificate MUST BE SHOWN for first time registrants at Registration

Player Name	<input style="width: 95%;" type="text"/>	Birth Date	<input style="width: 95%;" type="text"/>
Address	<input style="width: 95%;" type="text"/>	Gender	<input style="width: 95%;" type="text"/>
Address 2	<input style="width: 95%;" type="text"/>	League Age	<input style="width: 50%;" type="text"/>
City / State / Zip	<input style="width: 30%;" type="text"/> <input style="width: 10%;" type="text"/> <input style="width: 10%;" type="text"/>		

My child would like to play:

<input type="checkbox"/> Baseball	<input type="checkbox"/> T Ball	<input type="checkbox"/> B Minor	<input type="checkbox"/> AAA Minor	<input type="checkbox"/> Majors	<input type="checkbox"/> Juniors	<input type="checkbox"/> Seniors
<input type="checkbox"/> Softball	<input type="checkbox"/> Coach Pitch	<input type="checkbox"/> Minors	<input type="checkbox"/> Majors	<input type="checkbox"/> Juniors	<input type="checkbox"/> Seniors	

Parent # 1	Parent # 2
Name <input style="width: 95%;" type="text"/>	Name <input style="width: 95%;" type="text"/>
Phone () <input style="width: 60%;" type="text"/>	Phone () <input style="width: 60%;" type="text"/>
Cell Phone () <input style="width: 60%;" type="text"/>	Cell Phone () <input style="width: 60%;" type="text"/>
Email <input style="width: 95%;" type="text"/>	Email <input style="width: 95%;" type="text"/>
Volunteer? <input type="checkbox"/> If checked, fill out "Volunteer Application"	Volunteer? <input type="checkbox"/> If checked, fill out "Volunteer Application"
<input type="checkbox"/> Manager <input type="checkbox"/> Coach <input type="checkbox"/> Field Maintenance <input type="checkbox"/> Umpire <input type="checkbox"/> Scorekeeper <input type="checkbox"/> Concession Stand	<input type="checkbox"/> Manager <input type="checkbox"/> Coach <input type="checkbox"/> Field Maintenance <input type="checkbox"/> Umpire <input type="checkbox"/> Scorekeeper <input type="checkbox"/> Concession Stand

Medical Information	League Use Only						
Emergency Contact <input style="width: 95%;" type="text"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Birth Certificate Yes <input type="checkbox"/> No <input type="checkbox"/></td> <td>Proof of Residency Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> <tr> <td>Medical Release Form Yes <input type="checkbox"/> No <input type="checkbox"/></td> <td>Waiver Needed? Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> <tr> <td>Level Assigned</td> <td>Fee</td> </tr> </table>	Birth Certificate Yes <input type="checkbox"/> No <input type="checkbox"/>	Proof of Residency Yes <input type="checkbox"/> No <input type="checkbox"/>	Medical Release Form Yes <input type="checkbox"/> No <input type="checkbox"/>	Waiver Needed? Yes <input type="checkbox"/> No <input type="checkbox"/>	Level Assigned	Fee
Birth Certificate Yes <input type="checkbox"/> No <input type="checkbox"/>		Proof of Residency Yes <input type="checkbox"/> No <input type="checkbox"/>					
Medical Release Form Yes <input type="checkbox"/> No <input type="checkbox"/>		Waiver Needed? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Level Assigned	Fee						
Relationship to Player <input style="width: 95%;" type="text"/>							
Insurance Carrier <input style="width: 95%;" type="text"/>							
Phone () <input style="width: 60%;" type="text"/>							
Policy <input style="width: 95%;" type="text"/>							
Allergies? <input type="checkbox"/> If checked, fill out "Medical Release"	Check # <input style="width: 40%;" type="text"/> Cash <input type="checkbox"/> CC <input type="checkbox"/>						

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. 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 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.

5. I/We understand that our child (candidate) may be chosen at anytime 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.
6. I/We agree to provide proof of legal residence (as defined by Little League Baseball, Incorporated) and age. I/We understand that our child (candidate) must be eligible under the residence and age regulations of Little League Baseball, Incorporated, to participate in this Local League, and that if any controversy arises regarding residence and/or age, the decision of the Charter Committee in Williamsport 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 Charter Committee or Tournament Committee.
7. I/We will furnish a certified birth certificate of the above-named candidate to League Officials.

Signature _____ **Date** _____

Are you aware of online registration? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will you use online registration next year? <input type="checkbox"/> Yes <input type="checkbox"/> No
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