Little League®

Player Registration Form

Player name

Address

Address 2

City/State/Zip

Home phone ( )

Email

Birthdate

Gender

League Age/ Fee

Age Amount

My child will tryout for: ☐ **Baseball** ☐ **Softball**

Parent #1

Name

Phone ( )

Email

Occupation

Volunteer? ☐ **If checked, fill out "Volunteer Application"**

Parent #2

Name

Phone ( )

Email

Occupation

Volunteer? ☐ **If checked, fill out "Volunteer Application"**

Medical Information

Emergency contact

Relationship to player

Insurance carrier

Phone

Policy

League Use Only

Birth Certificate Yes ☐ N ☐	Proof of Residency Ye ☐ N ☐
Medical Release Form Yes ☐ No ☐	Waiver needed? Ye ☐ N ☐
Level Assigned	Team Name

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.

8. By checking this box to OPT IN, you agree to receive automated event reminders and League information update text messages from Arcadia American Little League. Terms and privacy policy can be found at https://stacksports.com/legal-privacy. You may receive up to 4 msgs per month. Message & data rates may apply. Reply STOP or END or HELP for help.

☐ I agree to the terms ☐ I opt out of recieving text updates

Signature _____ **Date** _____