

## MILPITAS NATIONAL LITTLE LEAGUE PLAYER REGISTRATION FORM

ayer Name:	Last	Birthdate:			
ddress:		Gender: M F			
ity/State/Zip:		League Age:			
ome Phone:					
	Parent Information				
Parent 1	Parent 2				
Parent 1 Phone	Parent 2 Phone				
Parent 1 Occupation	Parent 2 Occupati	on			
Parent 1 Email	Parent 2 Email				
	Medical Information				
Name of Physician:	Phone No				
Medical Insurance Carrier:	Policy No				
Name of Dentist:	Phone No	o			
Dental Insurance Carrier:	Policy No				

- 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 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 condition as when was received except normal wear and tear.
- 4. I/We agree that our child (candidate) may be required to try out for a team. If player does not attend at least 50% of the tryouts, local Board of Directors' approval is required for such candidate to be placed on a team. (Only for players desiring to play in ages 9-14)
- 5. 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 my be decreed by action of the Charter Committee or Tournament Committee.
- 6. I/We will furnish a certified birth certificate of the above named candidate to league Officials if the player makes the All Star team.
- 7. I understand I must sign up to volunteer for one night in the concession stand with my child's team. (One night per player)

By signing here I acknowledge that I have read and understand all the above terms.

Signature:					_ Date:			
Birth Certificate	Identification:	DL	Voter Reg	School Rec	Welfare/child Care	Fed Rec (tax)	State Rec	Utility
	Local/Mun Support Pmts	Hom	eowner/Tena	nt Med Rec	Internet/Cable/Sat	Vehicle Reg	Insurance	Financial