



LITTLE LEAGUE BASEBALL REGISTRATION

SEASON	SHIRT SIZE	CAP SIZE	PANTS SIZE SPRING/SUMMER ONLY
<input type="checkbox"/> Spring/Summer <input type="checkbox"/> Fall	YOUTH <input type="checkbox"/> YS <input type="checkbox"/> YM <input type="checkbox"/> YL ADULT <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL <input type="checkbox"/> AXL <input type="checkbox"/> AXXL	<input type="checkbox"/> Youth <input type="checkbox"/> Adult	YOUTH <input type="checkbox"/> YS <input type="checkbox"/> YM <input type="checkbox"/> YL ADULT <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL <input type="checkbox"/> AXL <input type="checkbox"/> AXXL

PLAYER INFORMATION				
CHILD'S LAST NAME		FIRST NAME	MI	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female
HOME ADDRESS		CITY	STATE	ZIP
AGE APR. 30	AGE AUG. 31	BIRTH DATE (MM/DD/YYYY)	SCHOOL ATTENDING	
BASEBALL EXPERIENCE (YEARS) <input type="radio"/> Rec.: ____ <input type="radio"/> Travel: ____ <input type="radio"/> School: ____		POSITION EXPERIENCE (YEARS) <input type="radio"/> Catcher: ____ <input type="radio"/> Pitcher: ____ <input type="radio"/> Infield: ____ <input type="radio"/> Outfield: ____		

PARENT/GUARDIAN INFORMATION				
PARENT/GUARDIAN LAST NAME		FIRST NAME	<input type="checkbox"/> Residential parent/guardian <input type="checkbox"/> Interested in coaching	
DAYTIME PHONE	CELL/OTHER PHONE	EMAIL		
PARENT/GUARDIAN LAST NAME		FIRST NAME	<input type="checkbox"/> Residential parent/guardian <input type="checkbox"/> Interested in coaching	
DAYTIME PHONE	CELL/OTHER PHONE	EMAIL		
EMERGENCY CONTACT (IF PARENT/GUARDIAN CANNOT BE REACHED)			RELATIONSHIP	
DAYTIME PHONE	CELL/OTHER PHONE	EMAIL		

MEDICAL INFORMATION/SPECIAL CIRCUMSTANCES

Does child have any medical problems/allergies? Yes No Describe: _____

I hereby grant my approval for the above named to participate in any and all Little League Baseball® activities including transportation to and from the activities.

In consideration of acceptance as a member of the Grove City Parks and Recreation program, I do hereby, for myself, executors and administrators, waive, release and forever discharge of all claims for any and all damages, which may be sustained and suffered by the above child in connection with his/her said association with and/or entry into games, exhibitions and/or practice sessions which may herein after occur to me against the Grove City Parks and Recreation Department, Little League Baseball Incorporated®, the South-Western City School District, their sponsors, administrators all their respective officers, agents, representatives, successors and/or assigns.

In consideration for such recreation and training being afforded my child, I do hereby release and discharge the Grove City Parks and Recreation Department, Little League Baseball Incorporated®, the South-Western City School District, their officers, coaches, assistants and their appointees any and all of them, from any claims, liabilities, damages or demands for any injuries to person or property, sustained by the above named child and resulting from their participation, practice or play for the aforementioned organization. Should the child become ill or injured and a parent or guardian cannot be contacted, permission is hereby granted to call a licensed physician for treatment or to transport said child to a hospital emergency room for treatment. Further the undersigned will indemnify and hold harmless the City of Grove City, its officers, employees, sponsors, administrators, agents and all other persons, whoever, from any and every claim or demand of every kind of character, which may be asserted

by reasons of any injuries or the effects or consequences thereof.

I agree to provide proof of legal residence and age as defined by Little League Baseball Incorporated®. I understand that my child must be eligible under the residence and age regulations of Little League Baseball Incorporated® to participate in the Grove City Little League®, and that if any controversy arises regarding residence or age, the decision of the Charter Committee in Williamsport, Penn., shall be final and binding. I 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® or age, such participant and team on which he/she participates be found ineligible and forfeit or suspension of Tournament privileges may be decreed by action of the Charter Committee or Tournament Committee. Up to three proofs of residency may be required to participate in Little League® Tournament activities.

I agree to abide by the written rules, policies and spirit of Grove City Parks and Recreation Department and Little League Incorporated®, and that all programs are for the sole benefit of the children participating. I acknowledge the authority of the Administrator of Sports, and agree to abide by any decisions made by the administrator not specifically covered by the written bylaws or policies of Grove City Parks and Recreation Department or Little League Baseball Incorporated®.

I further understand that images are occasionally captured of program and class participants associated with The City of Grove City. These images may be used in a variety of City of Grove City print and electronic promotional materials including, but not limited to, as advertisements, social media postings and the City website.

PARENT/GUARDIAN SIGNATURE	DATE
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FOR OFFICE USE ONLY	
LEAGUE	<input type="checkbox"/> Parent is coach <input type="checkbox"/> Associated with sponsor
RECEIPT #	

DOCUMENTATION: Birth Certificate Proof of Residency (Fees) Proof of Boundary Status Document: _____

RESIDENCY (FEES): Resident Non-resident LITTLE LEAGUE BOUNDARY: North South Out of Boundary (Waiver Required)