

Prospect Little League 2017 Registration

FOR LEAGUE USE ONLY. DO NOT WRITE IN THIS BOX

Registration Paid

\$ _____

Cash _____

Check # _____

Raffle Tickets

#of books: _____

Ticket no. _____

From _____

To _____

League Age _____

Tryouts for:

Majors _____

AAA _____

2016 Level, team _____

Birth Cert. Rec'd?

Yes _____

No _____

Player's Name: _____

(Last)

(First)

Address: _____ Home Phone: _____ / _____ / _____

Date of Birth: _____ / _____ / _____ Male Female

Month / Day / Year

Name of Parent or Guardian: _____

Address & phone (if different from above): _____

Email Address: _____

Participation in Little League Baseball requires the ability to run, throw, swing a bat, catch a ball, and to understand the rules of the game. Does your child have any current condition that limits his/her ability to participate in this activity? YES NO

If "Yes", please explain _____

Please provide information about allergies or medical conditions that the team should have in case of emergency: _____

SHIRT SIZE: Youth S M L XL Adult S M L XL

PANT SIZE: Youth S M L XL Adult S M L XL

I/We, the parent(s) or guardian 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. 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, Inc., the organizers, sponsors, supervisors, participants, and persons transporting my/our child to and from activities for any claim arising out of injury to my/our child whether the result of negligence or from any other cause. I/We agree to return upon request the uniform and other equipment issued to my/our child in as good condition as when received except for normal wear and tear. I/We agree to provide proof of legal residence (as defined by Little League Baseball, Inc.) and age. I/We understand that our child (candidate) must be eligible under the residence and age regulations of Little League Baseball, Inc. 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 based on residence 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.

Parent(s) or Guardian Signature(s): _____

Name of Family Hospitalization Plan: _____

I/We agree to allow my child's name & number to be published in the Prospect Little League Directory: Yes No