El Cajon National Little League Registration Form – Spring 2026

Player Last Name: _____ Player First Name: _____

Address: _____ Birthdate: _____

Player Shirt Size (circle one): Adult: S M L XL Youth: S M L XL

Is this player new or returning? (circle one): New / Returning

If returning, last season's coach: _____ Division/Team: _____

Top 3 Jersey Number Choices (not guaranteed): _____

Father's Name: _____ Phone #: _____ Email: _____

Mother's Name: _____ Phone #: _____ Email: _____

Preferred Parent Contact (circle one): Dad / Mom / Both

Participation in Little League requires the ability to throw, run, swing a bat, and catch a ball. Additionally, participation requires the capacity to understand the rules of the game. Does your child have any current conditions limiting participation? (circle one): Yes / No

If yes, explain: _____

Allergies/Medical Conditions: _____

Family Physician: _____ Phone #: _____

Additional Emergency Contact: _____ Phone #: _____

Medical Insurance Plan: _____ Last Tetanus Booster: _____

In an emergency, I authorize (Player's Name) _____ to be treated by any qualified physician.

Volunteer Acknowledgement

I/We acknowledge a $40 Volunteer deposit is required, refundable after volunteering for one snack bar shift or on field maintenance day during the season. I understand I may opt out of volunteering by paying a $30 non-refundable volunteer fee.

Initials: _____

☐ $40 Volunteer Deposit

☐ $30 Buy Out Non-refundable Volunteer Fee

Photo/Video Permission

I/We give permission to El Cajon National Little League to photograph/video my child during games, practices, or events for use on the league's official social media (Facebook, Instagram, website) or promotional materials.

Initials: _____

☐ Yes, I give permission

☐ No, I do not give permission

Agreement, Waiver, and Release

I/We, parents/guardians of the above candidate, approve participation in all Little League activities including transportation. I/We understand participation may result in injuries despite protective equipment, and agree to waive, release, indemnify, and hold harmless the league, Little League Baseball, Incorporated, its organizers, sponsors, supervisors, participants, and those transporting my/our child from any claim arising from injury. I/We are aware that once my child is placed on a team, no refunds will be given. I/We agree to return all issued equipment/uniforms in good condition except normal wear. I/We acknowledge my child may be required to try out, and if they attend fewer than 50% of tryouts, board approval is needed for placement. I/We understand that declining to move up to a Major Division team if selected could forfeit my child's eligibility for that season and possibly beyond. I/We will provide a certified birth certificate. **Initials:** _____

Parent/Guardian Signature: _____ **Date:** _____

League Use Only

Proof of Birth: _____ Residency: #1_____ #2_____ #3_____

Address in Boundary Map: Yes / No Waiver Required: Yes / No

Paid Amount: $_____ Check #:_____ Payment Type: Cash / Check / Credit