

GLL Regular Season Team \_\_\_\_\_  
(major or minor)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Player's Name Born Lge.Age

\_\_\_\_\_  
Street Address City Zip Phone Number

I/We, the parents 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 the above named candidate will be placed on a minor league team if not drafted on a major league team. 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 any injury to my/our child whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance. I/We agree to return upon request the uniform and other equipment issued to my/our child in as good a condition as when received, except for normal wear and tear. I/We will furnish a certified birth certificate and proof of residency of the above named candidate to League Officials.

Parent's or Guardian's Name \_\_\_\_\_ Signature \_\_\_\_\_  
(please print)

Mother's First & Last Name: \_\_\_\_\_

LEAGUE  
USE ONLY  
TRYOUT # \_\_\_\_\_

Father's First & Last Name: \_\_\_\_\_

LEAGUE USE ONLY	Birth Certificate	Residency	
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E-mail: \_\_\_\_\_

FALL