|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  | **Foster Park Little League** | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  | **League ID: 1141003** | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |
|  | **Player Registration Form** | | | | | | | |  |  |  |  |  |  | |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |
|  | **Player Name** | **First** |  | **MI** |  |  | **Last** | |  |  | **Birth date** |  | / / | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  | **LEAGUE USE ONLY:**  League Age BB \_\_\_\_\_\_\_ |  | |  |  |  |
|  | **Address** |  |  |  |  |  |  |  |  |  | **Male** |  |  |  |  | |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |
|  | **Address 2** |  |  |  |  |  |  |  |  |  | **Female** |  |  |  |  | |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |
|  | **City / State / Zip** | **City** |  |  |  | **State** |  |  | **Zip** |  | ***My child will try out for:*** | | | | | |  |  |  |
|  |  |  |  | **Shirt Size** |  |  |  |  |  |  | **Baseball** |  |  |  | | **T-ball** |  |  |  |
|  | **Home Phone** | **(** **)**  - |  |  |  | **YS, YM, YL, YXL, AS, AM, AL, AXL** |  |  |  |  |  |  |  |  | | **Coach Pitch** |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |
|  | **School** |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | **Parent / Guardian #1** | | | | | | | | |  | |  | |  | |  |  |  | | **Parent / Guardian #2** | | | | | | |  |  | |  | | |  |  | |  |
|  | |  | |  | | |  | |  | |  | |  | |  | |  |  |  | |  |  | | |  |  | |  |  | |  | | |  |  | |  |
|  | |  | | **Name** | | |  | |  | |  | |  | |  | |  |  |  | |  | **Name** | | |  |  | |  |  | |  | | |  |  | |  |
|  | |  | | **Home Phone** | | | **(** | | **)** | | **-** | |  | |  | |  |  |  | |  | **Home Phone** | | | **(** | **)** | | **-** |  | |  | | |  |  | |  |
|  | |  | | **Cell Phone** | | | **(** | | **)** | | **-** | |  | |  | |  |  |  | |  | **Cell Phone** | | | **(** | **)** | | **-** |  | |  | | |  |  | |  |
|  | |  | | **Email** | | |  | |  | |  | |  | |  | |  |  |  | |  | **Email** | | |  |  | |  |  | |  | | |  |  | |  |
|  | |  | | **Occupation** | | |  | |  | |  | |  | |  | |  |  |  | |  | **Occupation** | | |  |  | |  |  | |  | | |  |  | |  |
|  | |  | | **Volunteer?** | | |  | | **If checked, fill out "Volunteer Application"** | | | | | | | | |  |  | |  | **Volunteer?** | | |  | **If checked, fill out "Volunteer Application"** | | | | | | | | |  | |  |
|  | |  | |  | | |  | |  | |  | |  | |  | |  |  |  | |  |  | | |  |  | |  |  | |  | | |  |  | |  |
|  | | **Medical Release** | | |  | |  | | Medical_Logo.png | |  | |  | |  | | | |  | | | **LEAGUE USE ONLY:**  Birth Certificate Yes  No  Proof of Residency Yes  No  Waiver Needed Yes  No   |  | | --- | |  | | | | | | | | | | |  | | |
|  | | **Family Physician** | | |  | |  | |  | |  | |  | |  | | | | **Phone** | | |  |  | | |  | | |  | |  |  | | |
|  | | **Address** | |  |  | |  | |  | |  | |  | |  | | | |  | | |  |  | | |  | | |  | |  |  | | |
|  | | **Hospital Preference** | | | | |  | |  | |  | |  | | **Date of last Tetanus Toxoid Booster** | | | | | | | | | | |  | | |  | |  |  | | |
|  | | **Emergency Contact** | | | | |  | |  | |  | |  | | **Phone** | | | |  | | |  | **Relationship** | | | | | |  | |  |  | | |
|  | | **Emergency Contact** | | | | |  | |  | |  | |  | | **Phone** | | | |  | | |  | **Relationship** | | | | | |  | |  |  | | |
|  | | **Please list any allergies/medical problems, including those requiring maintenance medication. (i.e. Diabetic, Asthma, Seizure Disorder)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | | |
|  | | **Medical Diagnosis** | | | | | | | | | **Medication** | | | | | | | | **Dosage** | | | | **Frequency of Dosage** | | | | | | | |  |  | | |
|  | |  | |  |  | |  | |  | |  | |  | |  | | | |  | | |  |  | | |  | | |  | |  |  | | |
|  | |  | |  |  | |  | |  | |  | |  | |  | | | |  | | |  |  | | |  | | |  | |  |  | | |

**The above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.**

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 or softball 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, and its employees, officers, directors, agents, or contractors, 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 conditions as when received except for normal wear and tear.

4. I/We agree that our child (candidate) may be required to try out for a team. If such does not attend at least 50 percent of the tryouts, local Board-of -Directors' approval is required for such candidate to be placed on a team.

5. I/We understand that our child (candidate) may be chosen at any time to play on a Major Division team, if he or she is of the correct age for such division as determined by the local league and Little League Baseball. Declining to move up to such Major Division team will result in forfeiture of eligibility for the Major Division for the current season, and may be subject to further restrictions by the local league.

6. 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 may be decreed by action of the Charter Committee or Tournament Committee.

7. I/We will furnish a certified birth certificate of the above-named candidate to League Officials.

8. In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel. (i.e. EMT, First Responder, E.R. Physician).

9. I/We grant permission to Foster Park Little League to use the above player’s image on its website or other marketing materials (brochures, newspapers, etc.), and its related social media sites (Facebook, Instagram, Twitter, etc.) without further consideration.

**Authorized Parent / Guardian Signature Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Little League does not limit participation in its activities on the basis of disability, race, color, creed, national origin, gender, sexual preference or religious preference.**

**Rev. 12/19**



**2020 Foster Park Little League**

**Registration Fees**

Player Name Date

Save $10 per player if ALL fees and paper work and turned in and valid BEFORE January 31, 2020.

Anyone not fully paid BEFORE March 27, 2020, will owe a $10 late fee per player ($25 max. per family). Anyone who does not have all paper work turned in and valid BEFORE April 10, 2020, will owe a $10 late fee player ($25 max. per family).

**Registration Fee by Age:**

* + Tee-ball (4-5) $50
  + Coach Pitch (5-6) $95
  + Age 6-10 Baseball $140
  + Age 11-12 Baseball $145
  + Age 13-15 Baseball $155

Total Fee

**Total Registration Fee:** *($300 max/family)*

**Total Payment Made:**

**Method of Payment:**