



ROSAMOND LITTLE LEAGUE

APPLICATION TO PLAY

Jersey Size: _____

FOR LEAGUE USE ONLY

Receipt#: _____ Date Paid: _____ Time: _____ League ID No. 4055116

<input type="checkbox"/> Participation Fee \$ _____	League Age _____	Team Name: _____
<input type="checkbox"/> Special Placement Request: _____ (Requires Player Agent's Approval)	A player's age is determined by: SB: Current year LL age chart BB: Current year LL age chart	Player Agent's Initials: _____
League Placement: <input type="checkbox"/> Tee Ball <input type="checkbox"/> Baseball <input type="checkbox"/> Softball <input type="checkbox"/> Challenger		<input type="checkbox"/> Copy of Birth Cert. <input type="checkbox"/> Proof of Residence
Division: <input type="checkbox"/> Coach Pitch <input type="checkbox"/> Farm <input type="checkbox"/> Minor <input type="checkbox"/> Major <input type="checkbox"/> Junior		President's Signature: _____

APPLICANT INFORMATION TO BE COMPLETED BY PARENT/GUARDIAN

Please **PRINT** information.

Player's Date of Birth: Month/Day/Year ____/____/____		
Player's name (Last, First, Middle)	Physical Address:	Player's gender <input type="checkbox"/> Male <input type="checkbox"/> Female
	City/Zip Code	
Mother's Name: (Last, First)	Mother's Home Phone:	Mother's Cell Phone:
Mother's Email Address:		work phone: _____
Father's Name: (Last, First)	Father's Home Phone: (if different)	Father's Cell Phone:
Father's Email Address:		work phone: _____

Participation in Little League requires the ability to run, throw 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 condition that limits his or her ability to participate in this activity? ☐ Yes ☐ No
If yes please explain and identify any modification that would allow your child to participate: _____

I/We, the parent(s) of the above named applicant 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 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 Ball, Inc. the organizers, sponsors, participants, and persons transporting my/our child to or from activities for any claim arising out of any injury to my/our child whether the result of negligence of 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 of the above named applicant to League Officials.

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

Little League does not limit participation in its activities on the basis of disability. Registration fees are donations and are non-refundable under normal circumstances.

Residency shall be established and supported by CURRENT YEAR documents, PRIOR YEAR documents will NOT be accepted. Please provide ONE document from EACH group below to determine residency of such parent(s) or guardian.

You MUST provide a birth certificate AND ONE (1) COPY from EACH Group below according to Little League International regulations

Group One:

1. Driver's License
2. School Records
3. Vehicle Records
4. Employment Records
5. Insurance Documents

Group Two:

1. Welfare/Child Care Records
2. Federal, State or Local (municipal) Records
3. Support Payment Records
4. Homeowner/Tenant Records
5. Military Records

Group Three:

1. Voter's Registration
2. Utility Bill (i.e., gas, electric, water/sewer, phone, mobile phone, heating, waste disposal, cable, internet)
3. Financial Records (i.e., loan, credit, investments, etc.)
4. Medical Records

Please bring copies not originals to sign-ups. We may not have time to copy everybody's papers.

Witness: _____