



Oil Belt Little League Registration Form



League Section:

Child's Jersey number <u>REQUEST</u> 1 st choice: ____ 2 nd Choice: ____

Shirt Size: **Youth:** XS S M L
 (Circle one) **Adult:** S M L XL 2XL

Division:		School:	
Birth Certificate/League Age:	/	Grade:	
Payment:	Cash ____ Chk ____ CC ____	Checked By:	

Player's Information:			
Name:		Birthdate:	/ /
Address:			
City:	Zip:	State:	
Gender:	Male or Female	Email:	
School:		Grade:	

Parent/Guardian Information:			
Parent 1:		Parent 2:	
Name:		Name:	
Phone:		Phone:	
Email:		Email:	
Volunteering:	Yes or no	Volunteering:	Yes or no

Terms and Conditions

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, the organizers, sponsors, supervisors, participants, and persons transporting my/our child to and from activities from any claim arising out of 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 condition 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% 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 forfeit of eligibility for Major Division for the current season, and may be subject to further restrictions by the local Little League.
6. I/We agree to provide 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 abiding. 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, Inc.) and/or age, such participant 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. By signing below, we agree to abide by the rules, bylaws and guidelines set forth by Oil Belt Little League and Little League International.

Signature: _____ **Date:** _____

NO REFUNDS WILL BE ISSUED AFTER TRYOUTS BEGIN IN SPRING OR TEAMS ARE SET DURING FALL



Little League Baseball and Softball MEDICAL RELEASE



Note: To be carried by any Regular Season or Tournament
Team Manager together with team roster or International affidavit.

Player: _____ Date of Birth: _____ Gender(M/F): _____

Parent/Guardian #1: _____ Relationship: _____

Parent/Guardian #2: _____ Relationship: _____

Player's Address: _____ City: _____ State: _____ Zip: _____

Parent #1 Phone: _() _____ Parent #2 Phone: _() _____

PARENT OR GUARDIAN AUTHORIZATION:

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)

Family Physician: _____ Phone: _____

Address: _____ City: _____ State/Country: _____

Hospital Preference: _____

Parent Insurance Co: _____ Policy No: _____ Group ID#: _____

League Insurance Co: _____ Policy No: _____ Group ID#: _____

If parent(s)/guardian cannot be reached in case of emergency, contact:

Name Phone Relationship to Player

Name Phone Relationship to Player

Please list any allergies/medical problems, including those requiring maintenance medication. (i.e. Diabetic, Asthma, Seizure Disorder)

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

Date of last Tetanus Toxoid Booster: _____

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

Mr./ Mrs./Ms. _____
Authorized Parent/Guardian Signature Date

FOR LEAGUE USE ONLY:

League Name: _____ League ID: _____

Division: _____ Team: _____ Date: _____

WARNING: PROTECTIVE EQUIPMENT CANNOT PREVENT ALL INJURIES A PLAYER MIGHT RECEIVE WHILE PARTICIPATING IN BASEBALL/SOFTBALL.
Little League does not limit participation in its activities on the basis of disabilities, race, color, creed, national origin, gender, sexual preference or religious preference.