



PORT ST LUCIE LITTLE LEAGUE PLAYER REGISTRATION

Player Information:

New to PSLLLS

Player Name: _____ Birthdate ____ / ____ / ____

Address (Official Street residence of Child) _____

Cell Phone _____ Email: _____

Little League age as of 1/1/2019 _____ T-ball 5-6 Minors(Coach Pitch) 6-8 Majors 9-12 Seniors 13-16

PARENT/GUARDIAN INFORMATION (guardian must be court appointed) Check here if legal guardian

PARENT/Guardian

NAME: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

Occupation: _____ Employer: _____

PARENT/Guardian

NAME: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

Occupation: _____ Employer: _____

VOLUNTEERS NEEDED:

Manager _____ Coach _____ Team Parent _____ Umpire _____ Board Member _____ Sponsor _____

Photo/Media Release:

YES, I give my permission for Little League International and PSLLLS to use my player(s) photo for social media.

NO, I do NOT give my permission.

FOR LEAGUE USE ONLY:

Total Received: _____	Registration Fee: _____	Proof of Residence: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Cash <input type="checkbox"/> Credit Card <input type="checkbox"/> Check # _____	Birth Certificate: <input type="checkbox"/> Yes <input type="checkbox"/> No	Rule II (d) Waiver: <input type="checkbox"/> Yes <input type="checkbox"/> No
Other Comments: _____		
<input type="checkbox"/> Sibling(s) _____	Age _____	Tryout needed: yes _____ no _____

Jersey Size: _____ Pant Size _____ (not guaranteed)

Parent must initial size is correct _____

T-Shirt Size: _____ (If available)