

BRIGHTON KELLY LITTLE LEAGUE BASEBALL #01131512

2018 PLAYER REGISTRATION FORM



Player Name: First	Last

Address	City	State	Zip
		IL	

Name of School Player attends:	Home Phone	Cell Phone	Receive text?
**	()	()	Yes <input type="checkbox"/> No <input type="checkbox"/>

Birth Date	League Age	Email address:	Can we email you?	Sibling Discount \$
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Other Discount \$
				TOTAL FEE \$

Mother's Name	Father's Name

Cell Phone	Receive text?	Cell Phone	Receive text?
()	Yes <input type="checkbox"/> No <input type="checkbox"/>	()	Yes <input type="checkbox"/> No <input type="checkbox"/>

Employer - Where do you work? Company name:	Employer - Where do you work? Company name:

Interested in Volunteering?	Interested in Volunteering?
<input type="checkbox"/> Please Check box if interested	<input type="checkbox"/> Please Check box if interested

Insurance Carrier	Name on policy	Policy number

In case of any emergency please list two contacts:		
Name	Phone number	Relationship to player

League Use Only		
Birth Certificate	Proof of Residency	Waiver needed?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
NOTES:		

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

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

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.

Signature _____	Date _____
Parent/Guardian	

**** NO REFUNDS ****

Brighton Kelly Little League Baseball

2018 PARENT AGREEMENT



Name of Player _____ Date of Birth: _____

Name of Parent(s): _____

1. I/We, the parents/guardians of the above-named candidate for a position on a Little League and/or Softball team hereby give my/our approval to participate in any and all Little League/softball 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 (Brighton-Kelly Baseball League), Incorporated, 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 allow the Brighton-Kelly Baseball League to use my/our child's picture and likeness on the Brighton-Kelly Baseball League web site and any other website approved by the board of directors for the purpose of promoting the league, league programs, and league events. Including but not limited to local newspapers.
4. I/We agree that our child (candidate) may be required to try 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) maybe chosen at anytime to play on a major Division team, if he or she is of the correct age for such division as determined by the Brighton-Kelly Baseball League and Little League Baseball Incorporated. 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 restriction by the Brighton-Kelly Baseball 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 Brighton-Kelly Baseball 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.
7. 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.
8. I/We will furnish a certified birth Certificate of the above name candidate to League Officials.

Parent(s)/Guardian(s) signature: _____ Date: _____

Witness: _____ Title: _____