

Lincoln Little League Registration Form

You can also register online at <http://www.lincolnlittleleague.org/site/starting> on February 1, or mail completed form along with a copy of child's birth certificate and 2 proofs of residency to:
Lincoln Little League 422 River Rd, Lincoln RI 02865

Player Information

VERIFIED BY _____

FIRSTNAME	LAST NAME	GENDER Male Female	BIRTHDATE (MM/DD/YYYY)
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League Registering for : Baseball Softball T-ball

Medical Conditions: _____
(confidential)

Last Year's Team: _____

Insurance Company: _____

Child Lives with:

Mother Father Both Other _____

Policy Number: _____

Father (If information is same as last year please leave blank)

NAME
ADDRESS
CITY, STATE & ZIP CODE
HOME PHONE
CELL PHONE
OCCUPATION
EMAIL

Mother (If information is same as last year please leave blank)

NAME
ADDRESS
CITY, STATE & ZIP CODE
HOME PHONE
CELL PHONE
OCCUPATION
EMAIL

Our organization is a non-profit, volunteer organization that needs everyone's help to be successful.

Please check off where you can help to the right. All league volunteers are required to complete a background check annually. BCI Forms can be found on our website LincolnRIlittleleague.org. Thank you.

Volunteer Opportunities (Circle F for father or M for mother)

Manager (F/M)	Events/Banquet Help
Coach/ Asst. Coach (F/M)	Calendar Raffle Help T-
Board of Directors (F/M)	Ball Help
Equipment Control (F/M)	Field Maintenance (F/M)

I/We, the parents and/or guardian of the above named candidate for a position on a league team, hereby give my/our approval to participate in any and all league activities. I/We assume all risk and hazards incidental to such participation, including transportation to and from the activities; and I/we do hereby waive, release, absolve, indemnify and agree to hold harmless the local league, the chartering organization, the organizers, sponsors, participants and persons transporting my/our child to and from activities; for any claim arising out of an injury to my/our child, whether the result of negligence or from any other cause, except to the extent and in the amount covered by accident and liability insurance. I/We understand that the insurance carried by this league covers only the amount that is not paid by my/our carrier I/We agree to return upon request the uniform and other equipment issued to my/our child in as good as condition as when issued except for normal wear and tear. I/We will furnish a certified birth certificate of the above named candidate to league officials I/We give permission to place sports pictures of your sons or daughters on the Lincoln Little league website.

Signature of Parent or Guardian _____ Date _____

(FOR OFFICIAL USE ONLY)

☐ Check # _____ ☐ Cash Verified By: _____ Total \$ _____