



Canyon Country Little League Player Registration Form

Player Name _____
Player Address _____

Home Phone () _____ **School Grade** _____
Player Email _____

Birthdate	
Gender	Age
Fee Amount	Other Fees
Amt. Paid	How Paid

Parent #1 _____ **Parent #2** _____

My child will Baseball
 tryout for: Softball

Name _____ Phone () _____ Relationship <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian Work Phone () _____ Cell Phone () _____ Email _____ Occupation _____ Volunteer? <input type="checkbox"/> If checked, fill out "Volunteer Application"	Name _____ Phone () _____ Relationship <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian Work Phone () _____ Cell Phone () _____ Email _____ Occupation _____ Volunteer? <input type="checkbox"/> If checked, fill out "Volunteer Application"
---	---

Medical Information		League Use Only	
Emergency Contact _____	Phone _____	Birth Certificate Yes <input type="checkbox"/> No <input type="checkbox"/>	Proof of Residency Yes <input type="checkbox"/> No <input type="checkbox"/>
Relationship to player _____		Medical Release Yes <input type="checkbox"/> No <input type="checkbox"/>	Waiver Needed? Yes <input type="checkbox"/> No <input type="checkbox"/>
Insurance carrier _____	Policy _____	Level Assigned _____	Team Name _____

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 any 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 conditions 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 percent of 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 anytime 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 forfeiture of eligibility for the Major Division for the current season, and may be subject to further restrictions by the local 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 Local League, and that if any controversy arises regarding residence and/or age, the decision of the Charter Committee in Willimsport shall be final and binding. 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.
7. I/We will furnish a certified birth certificate of the above-named candidate to League Officials.

Signature _____ **Date** _____



Canyon Country Little League Player Registration Form

Player Name

School Information:

School Name

School Grade

Uniform Information:

Shirt Size

Pants Size

Hat Size

Shoe/Socks Size

Jersey Nbr.

Special Requests:

Supporting Medical Information:

Doctor Name

Phone #

Dentist Name

Phone #

Hospital Preference

Medical Comments - Allergies, Medications, Special Conditions, Etc?

Player Custom Fields

Custom Field 1

Custom Field 4

Custom Field 2

Custom Field 5

Custom Field 3

Custom Field 6