## Capitol Little League Player Registration Form \*\*\*Please Use One Form Per Family\*\*\*

Birth Date:

New or Returning:

Grade:

Player's Name:

School:

Gender:

League Age:

Last Team:

| Second Player's Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |             | Bir          | th Da             | ıte: |       |     | Gender: |             | League Age: | League Age: |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------|-------------------|------|-------|-----|---------|-------------|-------------|-------------|--|
| School:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Grade:      | Nev          | New or Returning: |      |       |     |         |             | Last Team:  |             |  |
| Third Player's Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |              | th Da             | ıte: | Gen   |     | Gend    | der:        | League Age: | League Age: |  |
| School:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Grade:      | Nev          | New or Returning: |      |       |     |         |             | ast Team:   |             |  |
| Street Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |             | Development: |                   |      |       |     |         |             |             |             |  |
| City:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |             |              | Stat              | te:  |       |     |         |             | Zip Code:   |             |  |
| Parent/Guardian #1 Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |             | Email:       |                   |      |       |     |         |             |             |             |  |
| Home Phone:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |             |              | one:              |      |       |     |         | Work Phone: |             |             |  |
| Employer:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |             | Occupation:  |                   |      |       |     |         |             |             |             |  |
| Parent/Guardian #2 Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |             |              |                   | Em   | mail: |     |         |             |             |             |  |
| Home Phone:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |             |              | one:              |      |       |     |         | Work Phone: |             |             |  |
| Employer:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |             |              | Occupa            |      |       | on: |         |             |             |             |  |
| Please answer a few questions for us about the league:  If you are a returning member,  What does your child enjoy the most about our league?  Are you pleased with the coaching your player received last season?  How could we make the league more enjoyable for the parents?  Would you be interested in serving on the Board of Directors?  If you are a new member,  How did you hear about Capitol Little League?  Have you visited the league website?  What made you decide to register your player in our league?  Other comments:                                                                                                                                                                                                                                                                                                                                                                                                                        |             |              |                   |      |       |     |         |             |             |             |  |
| Player Registr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ration Fee* |              |                   |      |       |     |         | Amo         | unt         |             |  |
| Tee Ball and Rookie Minor Divisions Minors and Majors Divisions Junior and Senior Divisions  \$100.00 \$125.00 \$ubtract \$20 from player Registration Fee for each additional player. \$20 late fee after 3/1/2017                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |             |              |                   |      |       |     |         |             | \$          |             |  |
| Checks Payable to: Capitol Little League No refunds after Player Evaluations are held without a documented medical justification.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |             |              |                   |      |       |     |         | \$          |             |             |  |
| 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. I/We agree to provide proof of legal residence and age (as defined by Little League Baseball, Incorporated). 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 Williamsport shall be final and binding. I/We will furnish a certified birth certificate of the above-named candidate to League Officials. I/We understand that Little League Baseball is supported solely through the activities of volunteers, and I/We agree to contribute my time, skills and or labor as needed to support the league and my child's participation in this program. |             |              |                   |      |       |     |         |             |             |             |  |
| Parent/Guardian Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |             |              | Date              |      |       |     |         |             |             |             |  |
| Capitol Little League • P.O. Box 5143 Wilmington De 19808 • 302-999-1184 • www.capitol-ll.org                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |             |              |                   |      |       |     |         |             |             |             |  |