



LITTLE LEAGUE REGISTRATION FORM (ALL INFORMATION IS REQUIRED)

PLAYER NAME: _____ BIRTHDATE: _____

ADDRESS: _____ GENDER: MALE FEMALE

LEAGUE AGE: _____
(SEE AGE CHART)

ADDRESS (2): _____ (If Applicable)

PHONE: _____

EMAIL: _____

PARENT/GUARDIAN #1

PARENT/GUARDIAN #2

NAME: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

PHONE: _____

PHONE: _____

EMAIL: _____

EMAIL: _____

MEDICAL INFORMATION: (SEPARATE INSURANCE INFORMATION/MEDICAL WAIVER ALSO REQUIRED)

EMERGENCY CONTACT: _____ PHONE: _____

RELATIONSHIP TO PLAYER: _____

RETURNING PLAYER: YES NO

JERSEY/SHIRT SIZE: _____

MY CHILD WILL PARTICIPATE IN:

TEE BALL (4-6):

BASEBALL: COACH PITCH (6-8) MAJORS (9-12) JUNIORS (13-14)

SOFTBALL: COACH PITCH (6-8) MINORS (9-10) MAJORS (11-12) JUNIORS (13-14)