

# SoundView Little League – Spring 2019 Registration

6716 Eastside Dr Ne, Suite 1 PMB110, Tacoma, WA 98422 • soundviewll.com



One form per player. Place an "X" in the box adjacent to the desired level.

Division	Level	Age	Cost	Notes	SVLL USE ONLY	
Baseball	<input type="checkbox"/> T-ball	4-7	\$75	Hit off a tee	Accepted By	
	<input type="checkbox"/> A	7-8	\$125	Machine / coach-pitch	PAID BY	AMOUNT
	<input type="checkbox"/> AA	8-9		Cash		
	<input type="checkbox"/> AAA	9-11	\$145	Player-pitch	Check #	
	<input type="checkbox"/> Majors	11-12		Other		
	<input type="checkbox"/> 50/70	11-13		Total Paid		
	<input type="checkbox"/> Juniors	13-14				
	<input type="checkbox"/> Seniors	15-16		* only if sufficient interest *		
Softball	<input type="checkbox"/> Minors	7-8	\$125	Machine pitch	PAPERWORK	RECEIVED
	<input type="checkbox"/> AAA	9-11	\$145	Player-pitch (tryout and draft)	Concussion Form	
	<input type="checkbox"/> Majors	10-12		Medical Release		
	<input type="checkbox"/> Juniors	13-14		Birth Certificate		
	<input type="checkbox"/> Seniors	13-16		3-Residence Proofs		
			* only if sufficient interest *	Entered By		

PLAYER					
Name (first):		Middle:		Last:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		DOB (MM/DD/YYYY):		Age (on 8/31/2019):	
Primary Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Home			Primary Email:		
Address:		Apt:	City:	State: WA	Zip:
School:		If returning, last year's team / coach:			
Team / Coach Request (t-ball, A, AA only):			Neighborhood preference (not guaranteed): <input type="checkbox"/> NE Tacoma <input type="checkbox"/> North Tacoma <input type="checkbox"/> No preference		

All players **MUST** provide a copy of original birth certificate, medical & concussion release forms, and 3 proofs of residency.

PARENT OR LEGAL GUARDIAN – 1					
Name - First:		Last:		Relationship:	
Address:		Apt:	City:	State: WA	Zip:
Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Work		Occupation:		Email:	
Which role(s) are you willing to volunteer for? (Please check ALL areas in which you are willing to volunteer) <input type="checkbox"/> team admin <input type="checkbox"/> umpire <input type="checkbox"/> coach <input type="checkbox"/> assistant coach <input type="checkbox"/> concessions <input type="checkbox"/> fields <input type="checkbox"/> board member					

PARENT OR LEGAL GUARDIAN – 2					
Name - First:		Last:		Relationship:	
Address:		Apt:	City:	State: WA	Zip:
Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Work		Occupation:		Email:	
Which role(s) are you willing to volunteer for? (Please check ALL areas in which you are willing to volunteer) <input type="checkbox"/> team admin <input type="checkbox"/> umpire <input type="checkbox"/> coach <input type="checkbox"/> assistant coach <input type="checkbox"/> concessions <input type="checkbox"/> fields <input type="checkbox"/> board member					

TERMS & CONDITIONS	
<p><b>LITTLE LEAGUE BASEBALL TERMS &amp; CONDITIONS:</b></p> <p>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.</p> <p>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.</p> <p>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 normal wear and tear.</p> <p>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 the tryouts, local Board-of-Directors' approval is required for such candidate to be placed on a team.</p> <p>I/We agree that our child (candidate) may be chosen at any time 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.</p> <p>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 Williamsport 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. I/We will furnish a certified birth certificate of the above-named candidate to League Officials.</p> <p>I/We agree to supply all forms required by the local Little League/Little League Baseball including a signed concussion form (including our child's/player's signature), medical release form, and volunteer form.</p>	

SoundView Little League will be holding its regular general meeting to elect officers for the 2020 season on September 10, 2019, see website for time and location.

Parent or Legal Guardian Signature

Date