



**Seneca Falls Community Little League**

# 2010 Player Registration Form



Player Name			
Address			
Address 2			
City/State/Zip			
Home Phone	(      )	-	
Email			

Birthdate	month	day	year
Gender			
Shirt Size			
Baseball	<input type="checkbox"/>	Softball	<input type="checkbox"/>
League Age	* See Below		
Leave League Age and Fee Blank if unsure			
League Fee	\$		

**\* 2010 Age Determination:**  
**Baseball age cut-off is April 30**  
**Softball age cut-off is Dec. 31**

**Parent #1**

Name			
Phone	(      )	-	
Email			
Occupation			
Volunteer?	<input type="checkbox"/>	If checked, fill out "Volunteer Application"	

**Parent #2**

Name			
Phone	(      )	-	
Email			
Occupation			
Volunteer?	<input type="checkbox"/>	If checked, fill out "Volunteer Application"	

**Medical Information**

Emergency Contact		Phone	
Player Relationship			
Insurance Carrier		Policy	

**League Use Only**

Birth Certificate	Proof of Residence
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Medical Release	Waiver Needed
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Level Assigned	Team Name

- 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.
- 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.
- 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.
- 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.
- 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.

- 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.
- By signing this registration form, I/We do hereby give Seneca Falls Little League permission to put my child's photo on the Seneca Falls Little League Website. (Seneca Falls Little League will respect the wishes of a parent who objects to his/her child's photo being on the internet, and who sends such request to the information officer at [truman@senecafallslittleleague.org](mailto:truman@senecafallslittleleague.org))

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_