

Please Fill Out Front & Back Forms

**DEER PARK LITTLE LEAGUE
PLAYER REGISTRATION FORM**

Player Agent Use Only

Birth Certificate <input type="checkbox"/> Yes <input type="checkbox"/> No	Proof of Residency <input type="checkbox"/> Yes <input type="checkbox"/> No	() 4 & 5 T-Ball	() 6 & 7 PW Minor
Medical Release <input type="checkbox"/> Yes <input type="checkbox"/> No	Waiver Needed <input type="checkbox"/> Yes <input type="checkbox"/> No	() 8 & 9 PW Major	() 10,11 & 12 Major
Season <input type="checkbox"/> Spring <input type="checkbox"/> Fall	Frozen Player <input type="checkbox"/> Yes <input type="checkbox"/> No	Frozen To:	
Year: SP 2013		Team:	

Treasurer Use Only

Registration Fee	Amount
Merchandise <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount
<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount
Sibling Discount	Amount
Total Due	
<input type="checkbox"/> Cash	<input type="checkbox"/> CC
Check #	



Birthdate	/ /
Gender (Please Circle One)	<input type="checkbox"/> Male <input type="checkbox"/> Female
League Age (age as of April 30, 2013)	

Pant Size: (Please Check One)	YXS	YS	YM	YL	YXL
	AS	AM	AL	AXL	

Player Name			
Address		City / State / Zip	
Home Phone		School / Grade	

Parent #1

Name			Relationship: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian
Address			
City / State / Zip	Home Phone		
Work Phone	Cell Phone		
E-mail			

Parent #2

Name			Relationship: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian
Address			
City / State / Zip	Home Phone		
Work Phone	Cell Phone		
E-mail			

Medical Information

Emergency Contact		Phone	
Relationship to Player		Alt Phone	
Insurance Carrier			

- 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 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 that our child (candidate) may be required to try out for a team. Players not making at least one tryout will not be drafted; they will be selected from a hat at the end of the draft to fill teams. "Hat Picks" will not occur until all eligible players that attended a try-out have been selected.
- I/We understand that our child (candidate) may be chosen 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.

Signature: _____	Date _____
League Official Signature: _____	Date _____