



Foothill Little League

Player Registration Form



Player's Name		Last Name		First Name	
Address					
City, Zip					
Gender (M/F)		Birthdate (MM/DD/YY)		League Age (Use chart on back)	Amount

My child will try out for:	<input type="checkbox"/> Baseball <input type="checkbox"/> Softball
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**Sign up
before
12/31 and
get \$25 off!**

T-Ball (ages 4-6) \$248
Coach Pitch (ages 6-8) \$248
Minors Baseball (ages 9-10) \$298
Majors Baseball (ages 11-12) \$298
Junior Baseball (ages 13-14) \$318
Sibling discount per child \$25.

*includes \$40 fundraising fee

Parent #1

Parent #2

Parent Name	Last Name	First Name
Home		Cell
Email		
*Volunteer?	Manager Maybe later	Coach Other Team Parent

Parent Name	Last Name	First Name
Home		Cell
Email		
*Volunteer?	Manager Maybe later	Coach Other Team Parent

1. 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.
2. 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.
3. 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.
4. I/We agree that our child (candidate) may be required to try out for a team. If such does not attend at least 50% of the tryouts, local Board of Directors' approval is required for such candidate to be placed on a team.
5. 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 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.
6. 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.
7. I/We will furnish a certified birth certificate of the above-named candidate to League Officials.



Signature _____ Date _____



***All volunteers must complete a Little League Volunteer Application**

2020 Little League® Age Chart FOR BASEBALL DIVISION ONLY

Match month (top line) and box with year of birth. League age indicated at right.

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	AGE
2016	2016	2016	2016	2016	2016	2016	2016	2015	2015	2015	2015	4
2015	2015	2015	2015	2015	2015	2015	2015	2014	2014	2014	2014	5
2014	2014	2014	2014	2014	2014	2014	2014	2013	2013	2013	2013	6
2013	2013	2013	2013	2013	2013	2013	2013	2012	2012	2012	2012	7
2012	2012	2012	2012	2012	2012	2012	2012	2011	2011	2011	2011	8
2011	2011	2011	2011	2011	2011	2011	2011	2010	2010	2010	2010	9
2010	2010	2010	2010	2010	2010	2010	2010	2009	2009	2009	2009	10
2009	2009	2009	2009	2009	2009	2009	2009	2008	2008	2008	2008	11
2008	2008	2008	2008	2008	2008	2008	2008	2007	2007	2007	2007	12
2007	2007	2007	2007	2007	2007	2007	2007	2006	2006	2006	2006	13
2006	2006	2006	2006	2006	2006	2006	2006	2005	2005	2005	2005	14
2005	2005	2005	2005	2005	2005	2005	2005	2004	2004	2004	2004	15
2004	2004	2004	2004	2004	2004	2004	2004	2003	2003	2003	2003	16

NOTE: This age chart is for BASEBALL DIVISIONS ONLY, and only for 2020.



Little League® Baseball and Softball M E D I C A L R E L E A S E



NOTE: To be carried by any Regular Season or Tournament
Team Manager together with team roster or International Tournament affidavit.

Player: _____ Date of Birth: _____ Gender (M/F): _____

Parent (s)/Guardian Name: _____ Relationship: _____

Parent (s)/Guardian Name: _____ Relationship: _____

Player's Address: _____ City: _____ State/Country: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

PARENT OR LEGAL GUARDIAN AUTHORIZATION:

Email: _____

In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified
Emergency Personnel. (i.e. EMT, First Responder, E.R. Physician)

Family Physician: _____ Phone: _____

Address: _____ City: _____ State/Country: _____

Hospital Preference: _____

Parent Insurance Co: _____ Policy No.: _____ Group ID#: _____

League Insurance Co: _____ Policy No.: _____ League/Group ID#: _____

If parent(s)/legal guardian cannot be reached in case of emergency, contact:

Name	Phone	Relationship to Player
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Name	Phone	Relationship to Player
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Please list any allergies/medical problems, including those requiring maintenance medication. (i.e. Diabetic, Asthma, Seizure Disorder)

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

Date of last Tetanus Toxoid Booster: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

Mr./Mrs./Ms. _____
Authorized Parent/Guardian Signature Date: _____

FOR LEAGUE USE ONLY:

League Name: _____ League ID: _____

Division: _____ Team: _____ Date: _____

WARNING: PROTECTIVE EQUIPMENT CANNOT PREVENT ALL INJURIES A PLAYER MIGHT RECEIVE WHILE PARTICIPATING IN BASEBALL/SOFTBALL.
Little League does not limit participation in its activities on the basis of disability, race, color, creed, national origin, gender, sexual preference or religious preference.