

2017 Clarion Little League Registration Form

Player Name: _____ Birth Date: ____/____/____ Age: _____ Male / Female

Player School District: _____ County of Residence _____

Circle League: **BASEBALL:** T-Ball (5-7) MINOR LEAGUE (6-9) LITTLE LEAGUE (9-12) SENIOR LEAGUE (13-16)

SOFTBALL: MINOR LEAGUE (6-8) LITTLE LEAGUE (9-12) SENIOR LEAGUE* (13-16) *if enough are interested

Player Shirt Size: Youth S M L XL Adult S M L XL XXL

Parent/Guardian Name (s): _____

Address: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

Medical Information:

Insurance Carrier: _____ Policy Number: _____

Emergency Contact: _____ Emergency Phone: _____

Medical Conditions of Concern: _____

Please read the following before you sign:

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 Clarion Little League, Incorporated, 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 the tryouts, the 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 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.
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.
8. I/We give permission to publish in print, electronic, or video format the likeness or image (picture) of my child. I release all claims against the Clarion Little League with respect to copyright ownership and publication including claims for compensation related to the use of material.

****Each family needs to volunteer TWO HOURS of SERVICE.** (Please Circle Appropriate Below) **.

(1) Team Manager

(2) Assistant Coach (Team)

(3) Little League Board

Field Maintenance

(4) Minor League (5) Little League

(6) Senior League

(7) Softball

Signature: _____ Print Name: _____ Date: _____

(Parent or legal guardian)

Method of Payment: ____ Cash ____ Check Amount: _____ Check No.: _____ Individual/Family

On or before February 3rd
After February 4th

Registration Fee: \$70
Registration Fee: \$90

Max per family: \$100 early special
Max per family: \$140

Please make Checks payable and mail to: **CLARION LITTLE LEAGUE PO BOX 502 Clarion, PA 16214**

FIRST YEAR PLAYERS NEED A COPY OF THEIR BIRTH CERTIFICATE