

Returning Player Y / N  
Birth Certificate \_\_\_\_\_  
2018 All Star Player Y / N

# 2019 ARCHER MANOR LITTLE LEAGUE REGISTRATION FORM

Fees \_\_\_\_\_  
Candy Money \_\_\_\_\_  
Consent Form \_\_\_\_\_

DATE OF BIRTH _____  BASEBALL _____  GIRLS SOFTBALL _____	<b>FOR LEAGUE USE ONLY</b>  SHIRT SIZE _____  PANTS SIZE _____  <small>If child is NOT present for sizing, parent assumes responsibility "for league's use"</small>	LEAGUE AGE _____  DIVISION _____  VERIFIED BY: _____  TEAM _____	
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PLAYER LAST NAME \_\_\_\_\_

PLAYER FIRST NAME \_\_\_\_\_

PARENT NAME \_\_\_\_\_

EMERGENCY CONTACT NAME/PHONE # \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

IF CHILD HAS ANY PHYSICAL LIMITATIONS,  
PLEASE LIST BELOW:  
\_\_\_\_\_

EMAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_

ATTENDING SCHOOL: (Name, Full Address) : \_\_\_\_\_

CITY, ZIP \_\_\_\_\_

PLEASE LIST ANY INSURANCE / HOSPITALIZATION PLANS THAT YOUR CHILDREN ARE COVERED UNDER  
(EXAMPLE: HMO/PPO NAME AND GROUP NUMBER): \_\_\_\_\_

NUMBER OF CHILDREN IN LEAGUE \_\_\_\_\_  
NAMES \_\_\_\_\_

AS A LEAGUE, WE TRY TO HONOR PARENT REQUESTS TO KEEP PLAYERS FROM THE SAME FAMILY/AGE GROUP TOGETHER. IF YOU WOULD LIKE THIS PLAYER TO BE ON THE SAME TEAM AS THEIR SIBLING(S), PLEASE LIST THEM HERE. **THE LEAGUE CANNOT GUARANTEE THAT ANY SPECIAL REQUESTS WILL BE MET.**

Sibling Names: \_\_\_\_\_

**Waiver**

*I/We the parent(s) of the above named candidates 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 Inc., the organizers, sponsors, supervisors, coaches, managers, participants, and persons transporting my/our child to and from activities for any claim arising out of any injury to my/our child whether the result of negligence or for any other cause, except for the extent and in the amount covered by accident or liability insurance.*

**Parent / Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**League Use Only**

**REGISTRATION**

Total Due \$ \_\_\_\_\_

Discount \$ \_\_\_\_\_

Payment \$ \_\_\_\_\_ ca/ck# \_\_\_\_\_ Rcpt # \_\_\_\_\_ Date \_\_\_\_\_

Balance \$ \_\_\_\_\_

Payment \$ \_\_\_\_\_ ca/ck# \_\_\_\_\_ Rcpt # \_\_\_\_\_ Date \_\_\_\_\_

Paid in full

**CANDY FUNDRAISER**

Total Due \$ \_\_\_\_\_

Payment \$ \_\_\_\_\_ ca/ck# \_\_\_\_\_ Rcpt # \_\_\_\_\_ Date \_\_\_\_\_

Balance \$ \_\_\_\_\_

Payment \$ \_\_\_\_\_ ca/ck# \_\_\_\_\_ Rcpt # \_\_\_\_\_ Date \_\_\_\_\_

Paid in full

Box #: _____ _____
PT ONLY <input type="checkbox"/>