

2023 SEQUOIA Softball Registration Form (ONE for EACH child in the league)

LEAGUE USE ONLY

Last Name First Name MI Date of Birth Team placed on

Childs' UNIFORM SIZE: _____ **School Child Attends:** _____

Siblings in League (Give name & age): 1) _____ 2) _____ 3) _____

Child lives with: Mother Father Both Legal Guardian

CUSTODY ISSUES: _____ **DO BOTH PARENTS NEED TO BE CONTACTED WITH LEAGUE INFO:** _____
 Participation in Little League Softball requires the ability to run, throw, swing a bat, catch a ball, and understand the rules of the game. Does your child have any condition limiting her ability to participate in this activity? **Yes** **No** If YES, please explain: _____

_____ League Age
 _____ Birth Certificate _____ Medical Release
 _____ School Enrollment Form **OR**
 _____ Residency (1) _____ (2) _____ (3)
 Volunteer Forms: League _____ LL _____
 Code of Conduct Signatures _____, _____
 Waiver Needed () Approved: _____

Division	Tryout Time	Placed
T-Ball	XXX	
CP	XXX	
Rookies		
Minors		
Majors		
Jrs 13-14	tbd	
Srs 15-16	tbd	

Primary Parent

Secondary Parent

 First Name Last Name

 Address Zip Code

 Home Phone Day Phone

 E-mail Address Occupation

 First Name Last Name

 Address Zip Code

 Home Phone Day Phone

 E-mail Address Occupation

Please Read and 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 Softball 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 Softball, 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.
6. I/We agree to provide proof of legal residence (as defined by Little League Softball, Incorporated) and age. I/We understand that our child (candidate) must be eligible under the residence and age regulations of Little League Softball, 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 Softball, 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.
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 percent 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 the local league and Little League Softball. 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.
7. I/We will furnish a certified birth certificate of the above-named candidate to League Officials.
8. In participating Sequoia Little League, I understand the league is a non-profit, all VOLUNTEER organization that depends on its members to help perform the many tasks needed for a successful program. Accordingly, I/We agree help as a volunteer as required by the league.
9. I/We also understand that there will be NO REFUNDS should my/our child decide not to play once he is placed on a team.

Form must be signed by both parents/guardians. If not, state reason on the unsigned line.

 Primary Parent Date Secondary Parent Date

Payment Made: FULL PARTIAL

# of Players	
Amount Owed:	
Amount Paid:	
Balance:	

Cash Check # _____

Volunteer Commitment

The family of this child have committed to the following compulsory volunteer activity:

Snack Bar Special Projects
 Additionally the parents/guardians of this child have stated an interest in volunteering:
 Manager
 Coach
 Team Parent
 Scorekeeper
 Field Preparation
 OTHER: _____
 OR paid \$75.00 Volunteer opt-out fee