

Returning Player Y / N _____
 Birth Certificate _____

2017 ARCHER MANOR LITTLE LEAGUE REGISTRATION FORM

Fees _____
 Candy Money _____
 Consent Form _____

DATE OF BIRTH _____ BASEBALL _____ GIRLS SOFTBALL _____	FOR LEAGUE USE ONLY SHIRT SIZE _____ PANTS SIZE _____ If child is NOT present for sizing, parent assumes responsibility	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 _____

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** _____

<p>League Use Only</p> <p><u>REGISTRATION</u></p> <p>Total Due \$ _____</p> <p>Discount \$ _____</p> <p>Payment \$ _____ ca/ck# _____ Rcpt # _____ Date _____</p> <p>Balance \$ _____</p> <p>Payment \$ _____ ca/ck# _____ Rcpt # _____ Date _____</p> <p>Paid in full <input type="checkbox"/></p>	<p><u>CANDY FUNDRAISER</u></p> <p>Total Due \$ _____</p> <p>Payment \$ _____ ca/ck# _____ Rcpt # _____ Date _____</p> <p>Balance \$ _____</p> <p>Payment \$ _____ ca/ck# _____ Rcpt # _____ Date _____</p> <p>Paid in full <input type="checkbox"/></p>
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Box #: _____

PT ONLY