



ROSAMOND LITTLE LEAGUE APPLICATION TO PLAY

Jersey Size: _____

FOR LEAGUE USE ONLY

Receipt#: _____ Date Paid: _____ Time: _____ League ID No. 4055116

<input type="checkbox"/> Participation Fee \$ _____	League Age _____	Team Name: _____
<input type="checkbox"/> Special Placement Request: _____ (Requires Player Agent's Approval)	A players age is determined by: SB: age on Dec 31 (previous year) BB: age on Apr 30 (current year)	Player Agent's Initials: _____

League Placement: Tee Ball Baseball Softball Challenger Copy of Birth Cert. Proof of Residence

Division: Minor (B) Minor (A) Major Junior Senior Presidents Signature: _____

APPLICANT INFORMATION TO BE COMPLETED BY PARENT/GUARDIAN

Please PRINT information.		Player's Date of Birth: Month/Day/Year ____/____/____
Player's name (Last, First, Middle)	Physical Address:	Player's gender <input type="checkbox"/> M <input type="checkbox"/> F
	city/Zip Code	
Mother's Name: (Last, First)	Mother's Home Phone:	Mother's Cell Phone:
Mother's Email Address:		work phone: _____
Father's Name: (Last, First)	Father's Home Phone: (if different)	Father's Cell Phone:
Father's Email Address:		work phone: _____

Participation in Little League requires the ability to run, throw swing a bat, and catch a ball. Additionally, participation requires the capacity to understand the rules of the game. Does your child have any current condition that limits his or her ability to participate in this activity? Yes No
If yes please explain and identify any modification that would allow your child to participate: _____

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

I/We agree to return upon request, the uniform and other equipment issued to my/our child in as good a condition as when received except for normal wear and tear.

I/We will furnish a certified birth certificate of the above named applicant to League Officials.

Parent(s) or Guardian Signature(s): _____, _____ Date: _____

Little League does not limit participation in its activities on the basis of disability. Registration fees are donations and are non-refundable under normal circumstances.

- Residence shall be established and supported by CURRENT documents from THREE (3) OR MORE of the following categories to determine residency of such parent(s) or guardian.
- | | | |
|--|--|---|
| <input type="checkbox"/> Drivers License | <input type="checkbox"/> Federal, State, and Local records | <input type="checkbox"/> Internet/Cable/Satellite Records |
| <input type="checkbox"/> Voters Registration | <input type="checkbox"/> Support Payment | <input type="checkbox"/> Financial Records |
| <input type="checkbox"/> School Records | <input type="checkbox"/> Homeowner or Tenant Records | <input type="checkbox"/> Insurance Documents |
| <input type="checkbox"/> Welfare Records | <input type="checkbox"/> Utility Bill | <input type="checkbox"/> Medical Records |
| | | <input type="checkbox"/> Military Records |

Please remember that you must have three different items listed above all with the same address and name .

You cannot have 2 utility bills and your drivers license. A good example is, your car registration, drivers license and a utility bill. Please bring copies not originals to sign-ups. We may not have time to copy everybody's papers.

Witness: _____



Little League[®] Baseball and Softball Medical Release



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

Player: _____ Date of Birth: ____/____/____

League Name: **Rosamond Little League**

I.D. Number: **04055116**

Parent or Guardian Authorization;

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, ER. Physician)

Family Physician: _____ Phone: _____

Address: _____

Hospital Preference: _____

In case of emergency contact:

Name: _____ Phone: _____ Relationship to Player: _____

Name: _____ Phone: _____ Relationship to Player: _____

Please list any allergies/medical problems, including that requiring maintenance medication. (i.e. Diabetic, Asthma, Seizure Disorder)

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

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.

Date of last Tetanus Toxoid Booster: ____/____/____

Mr./Mrs./Ms. _____

Authorized Parent/Guardian Signature

WARNING: Protective equipment cannot prevent all injuries a player might receive while participating in Baseball/Softball. Little League Baseball does not limit participation in its activities on the basis of disability, race, color, creed, national origin, gender, sexual preference or religious preference.

Media Release Form for League Web Site:

I hereby grant permission to Rosamond Little League or it's appointed representative to photograph/interview my child, _____.

It is my understanding that this photograph/interview or portions thereof will be used for public view.

I agree to participate in this project without financial remuneration, and I understand that this releases Rosamond Little League or it's appointed representative from any future claims as well as from any liability arising from the use of said photograph/interview.

Name of child (please print or type): _____

Address: _____, City, State, Zip: _____

Signature of parent or guardian: _____ Date: _____