

SNLL Player Registration Form

Players Name: _____ Division: _____

Address: _____

Birth Date: _____ League Age: _____ Gender: _____

Parent 1: _____ Email: _____

Home Phone: _____ Cell Phone: _____

Parent 2: _____ Email: _____

Home Phone: _____ Cell Phone: _____

Tryout

No Yes If "yes", what division: _____

Parents Comments: _____

R - _____
C - _____
U - _____

Medical Information

Emergency Contact: _____ Phone #: _____

Relationship to Player: _____ Ins Carrier: _____ Policy #: _____

Uniform

Pants Size: Youth S M L XL Adult S M L XL XXL (circle one)

(For 12 Year Olds) Jacket Size: _____ Name on Jacket: _____

Additional Donation

Please consider an additional donation to Saratoga National Little League. These dollars will be used exclusively to help our organization purchase lights for the Major League field. We look forward to recognizing all of our donors. This donation is tax deductible.

_____ **No Thank You** \$ _____ **Amount**

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 local Little League, 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 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 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.

Signature _____ Date _____