

# WHITE PIGEON LITTLE LEAGUE REGISTRATION FORM



DATE OF BIRTH \_\_\_\_\_

BOY     GIRL    Boys age by April 30<sup>th</sup>, 2010 \_\_\_\_\_    Girls age by December 31<sup>st</sup>, 2009 \_\_\_\_\_

PLAYER NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PLAYER LIVES WITH:  FATHER  MOTHER  BOTH

FATHER NAME \_\_\_\_\_ E-MAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

MOTHER NAME \_\_\_\_\_ E-MAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

MEDICAL LIMITATIONS? (Allergies, hearing, etc.) \_\_\_\_\_

PLAYER T-SHIRT SIZE (circle one): **Youth:** S, M, L – **Adult:** S, M, L, XL, 2XL

**VOLUNTEERS NEEDED (please check):**

Coach     Assistant Coach     Team Parent     Concession  
 Spring Cleanup     Field Maintenance     Tournament Help     Umpire

LEAGUE USE ONLY	
Fee paid <input type="checkbox"/> Cash <input type="checkbox"/> Check	Birth Certificate <input type="checkbox"/> Yes
Medical Release <input type="checkbox"/> Yes	Date & Initials
Level assigned	Team Name

1) I/we, the parents or legal 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, Inc., the organizers, sponsors, supervisors, participants and persons transporting my/our child to and from activities, for any claim arising out of an injury to my/our child, whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance. 3) I/we will furnish a birth certificate of the above named candidate to League Officials when requested. 4) I/we authorize my/our child to be treated, in case of emergency, by a Doctor or Emergency Personnel chosen by League Officials. 5) All uniforms and caps issued are the property of the League and shall not be altered in any way. This includes additional lettering. I/we will be responsible for all replacement costs of any altered uniforms.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

Make checks payable to White Pigeon Parks & Recreation - \$35.00/player, \$60.00/2 players, \$80.00 max/family  
 If mailing form, you must send a copy of player's birth certificate. Send to: White Pigeon Parks & Recreation,  
 PO Box 354, White Pigeon, MI 49099. Registration deadline is February 26<sup>th</sup>, 2010.