

WHITE PIGEON LITTLE LEAGUE REGISTRATION FORM



DATE OF BIRTH _____

BOY GIRL Boys age by April 30th, 2012 _____ Girls age by December 31st, 2011 _____

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 3rd, 2012.