

TRI-VALLEY LITTLE LEAGUE
SPORTS REGISTRATION FORM

New Player

Name: (print) _____ Gender: Boy Girl

Date of Birth: _____ Boys age as of 5/1/17 _____ Girls age as of 1/1/17 _____

Parents/Guardians Full Name: (print) _____

Physical Address: _____

Mailing Address: (if different from above) _____

Home Phone: _____ Emergency Phone: _____ Contact Name: _____

E-mail Address: _____ Cell Phone: _____

PARENTAL WAIVER AND CONSENT FORM

As the parent or legal guardian of the child named above, I hereby give my full consent and approval for my child to participate as a team member in the sport designated below.

I understand that there are certain risks of injury inherent in the practice and play of this sport, as well as in traveling and other related activities incidental to my child's participation, and I am willing to assume these risks on behalf of my child. I hereby certify that my child is fully capable of participating in the designated sport, and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities, except as listed above.

In addition to giving my full consent for my child's participation, I do hereby waive and hold harmless the organization name above, its officers, coaches, sponsors, supervisors and representatives for any injury that may be suffered by my child in the normal course of participation in the designated sport and the activities incidental thereto, whether the result of negligence or any other cause.

I 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 will furnish a copy of the birth certificate of the above-named candidate to the League Officials.

I AM INTERESTED IN VOLUNTEERING FOR THE FOLLOWING:

Coach Assistant Coach Scorekeeper Umpire

Print Parent/Guardian Name: _____ Parent/Guardian Signature: _____

Did your child play last year? Yes No Date: _____

Team: _____

Please remember to fill out Medical Release Form also.

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For Office use only:

Total Amount Paid \$ _____ Cash Check # _____

Division: _____ Team: _____



Little League. Baseball and Softball MEDICAL RELEASE FORM



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

Player: _____ Date of Birth: _____ Gender (M/F): _____

Parent/Guardian Name: _____ Relationship: _____

Parent/Guardian Name: _____ Relationship: _____

Player's Address: _____ City: _____ State/Country: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

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, E.R. Physician)

Family Physician: _____ Phone: _____

Address: _____ City: _____ State/Country: _____

Hospital Preference: _____

Parent Insurance Co: _____ Policy No.: _____ Group ID#: _____

League Insurance Co.: Keystone Risk Managers, LLC Policy No.: **011225814** League/Group ID#: **2321926**

If parent/guardian cannot be reached in case of emergency, contact:

Name: _____ Phone: _____ Relationship to Player: _____

Name: _____ Phone: _____ Relationship to Player: _____

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

Medical Diagnosis	Medication	Dosage	Frequency of Dosage
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Date of last Tetanus Toxoid Booster: _____

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.

Mr./Mrs./Ms. _____
Authorized Parent/Guardian Signature

Date: _____

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League Use Only:

League Name: Tri-Valley Little League League ID#: 2321926 Date: _____

Division: _____ Team: _____

WARNING: PROTECTIVE EQUIPMENT CANNOT PREVENT ALL INJURIES A PLAYER MIGHT RECEIVE WHILE PARTICIPATING IN BASEBALL/SOFTBALL.
Little League does not limit participation in its activities on the basis of disability, race, color, creed, national origin, gender, sexual preference or religious preference.

