Santa Cruz Little League Registration Form

|  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Player Information | | | | | | | | | | | | |
| First name: |  | | | Last name: | |  | | | | | Gender: |  |
| Birth date: |  | | | Child’s school: | | | | | | | Grade: |  |
| Previous division |  | | | Previous team: | |  | | | | | Number of years in Little League: |  |
| 2015 Division (circle one): | Tee Ball Farm A AA AAA Majors | | | | | | | | | | | |
| My 10 year old would like to be  evaluated for Majors: yes | | | My 9 year old would like to be  evaluated for AAA: yes | | | | | | My 8 year old would like to be  evaluated for AA: yes | | | |
| Parent or Legal Guardian Information | | | | | | | | | | | | |
| Guardian 1 (e.g. Mother) | | | | | | | | | | | | |
| First name: |  | | | | Last Name: | | |  | | | | |
| Relationship to child: |  | | | |  | | |  | | | | |
| Street address: |  | | | | Apartment: | | |  | | | | |
| City: |  | | | | State: | | |  | | | | |
| ZIP code: |  | | | | Home phone: | | |  | | | | |
| Cell phone: |  | | | | Work phone: | | |  | | | | |
| Email Address: |  | | | | Volunteer?: | | |  | | | | |
| Guardian 2 (e.g. Father)  (check to use Guardian 1 home address for Guardian 2 / Father) | | | | | | | | | | | | |
| First name: |  | | | | Last Name: | | |  | | | | |
| Relationship to child: |  | | | |  | | |  | | | | |
| Street address: |  | | | | Apartment: | |  |  | | | | |
| City: | State: |  |  |  | | | | |
| ZIP code: | Home phone: | |  |  | | | | |
| Cell phone: | Work phone: | |  |  | | | | |
| Email Address: | Volunteer: |  |  |  | | | | |
| Medical Release Form Information | | | | | | | | | | | | |
| Doctor/Physician name: |  | | | | | | Doctor/Physician phone: | | |  | | |
| Preferred hospital: | Medical problems/allergies: | | |  | | |
| Insurance carrier: |  | | | | | | Insurance policy number: | | |  | | |
| Emergency contact: | Emergency contact phone: | | |  | | |
| Relationship to child: |  | | | | | |  | | | | | |
| Special Requests | | | | | | | | | | | | |
| Note: Every effort will be made to place your player as you request; however, certain restrictions, such as team size, age differences, etc. may prevent us from completing every request. Indicating special requests on this form does NOT guarantee the requests.  *Requests CANNOT be accommodated in AA, AAA and Majors.* | | | | | | | | | | | | |
| Please place player with child/sibling/manager/coach: | |  | | | | | | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Parent or Legal Guardian Consent and Agreement | | | | | | | |
| *Before your child can play, you must agree to and sign the following:*   * I/We certify that I am the parent or legal guardian responsible for the abovementioned participant. * I/We agree to pay a fee for league expenses, field maintenance, player insurance and player photographs * I/We, the parents/guardians of the above-named participant 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, I understand that Little league baseball carries a secondary insurance policy that will be used when the limits of my own insurance policy have been exhausted. I will be responsible for reporting all of the participants injuries (on or off the field) to theTeam Safety officer in writing as soon as an injury occurs. * I/We agree that our child/participant may be required to try out for a team. If such child does not attend at least 50 percent of the tryouts, local Board-of -Directors' designee approval is required for such child to be placed on a team. * I/We understand that our child/participant may be chosen at anytime to play on a higher 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 higher division team will result in forfeiture of eligibility for the said division for the current season, and may be subject to further restrictions by the local league. * I/We understand that our child (candidate) must be eligible under the residence and age regulations of Little league baseball, Incorporated, to participate in Capitola Soquel Little 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 agree to provide proof of legal residence (as defined by Little league baseball, Incorporated) and age. * 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 will be found ineligible of Tournament privileges. as the parent or legal guardian of the above named player, I/We hereby give consent for the emergency medical care prescribed by a duly licensed Doctor of Medicine/Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent. * As the parent or legal guardian of the above named player, I/We hereby give consent for SCLL baseball to use photos of my dependent to be used or SCLL website or for marketing purposes. | | | | | | | |
| Legal Guardian Signature: | | | | Date signed: | | | |
| Sponsorhip | | | | | | | |
| Check the box if you are interested in sponsoring: A Child A Team | | | | | | | |
| For League Officials Only | | | | | | | |
| Little League Age: |  | | Birth Certificate: | Yes No | Amount Due: |  | |
| Evaluations?: | Yes | No | Medical Release Form: | Yes No | Amount Collected: |  | |
| Proof of Residency: | Yes | No | Volunteer Form | Mother | Method of Payment: | Cash | Check |
| Address in League Boundaries: | Yes | No | Father | Check #: |  | |
| If Not, Waiver Submitted: | Yes | No | Scholarship Form Requested: | Yes No | Scholarship Form Sumbitted | Yes | No |

**To complete registration, please send the following forms to the address below:**

# Registration Form

1. Medical Release
2. Copy of Birth Certificate (new players only)
3. Proof of Residency (all players) (Driver’s License, insurance documents, utility bill, auto registration, etc)
4. Payment

Santa Cruz Little League PO BOX 1723

Santa Cruz, CA 95061 831-421-2753

[Questions](mailto:santacruzlittleleague@yahoo.com) regarding registration? Email the Registrar or Player Agent at

**SCLLRegistrar@yahoo.com** or

[**SCLLPlayerAgent@yahoo.com**](mailto:SCLLPlayerAgent@yahoo.com)

## Majors Division $190

Advanced Competitive for 11 & 12 year olds

## AAA Division $190

Competitive for 10 & 11 year olds

## AA Division $170

Competitive for 9 year olds

## A Division $170

Intermediate for 7 & 8 year olds

## Farm Division $150

Beginning for 6 & 7 year olds

## Rookie Division (Tee Ball) $140

Introduction for 4-1/2, 5 & 6 year olds

Late Registration Fee $20 as of 1/1/2011 (applies 1/31/2017 for Tee Ball)