



# Ed Walsh Little League

PO Box 666

Meriden, CT 06450

League Age: \_\_\_\_\_

Special Instructions:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Player has played for Ed Walsh Little League previously. Yes No  
(If you answered Yes above) Please indicate which Division and / or Team: \_\_\_\_\_

### Player's Info:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Contact Phone Number: \_\_\_\_\_ Primary Email: \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Shirt Size: (Please circle) Youth: S M L XL Adult: S M L XL

### Mother:

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Cell Numbers: \_\_\_\_\_

Home Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Father:

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Cell Numbers: \_\_\_\_\_

Home Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Send me:

Game Schedule / Updates: By Email By Cell (text)

General Communication: By Email By Cell (text)

Cell Phone Provider: \_\_\_\_\_

Volunteer Status (Please choose one)

Please contact me for volunteering in the capacity of:

- Coaching / Managing a team
- Field Maintenance
- Concession Stand hours
- Special Events

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Game Schedule / Updates: By Email By Cell (text)

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### Emergency Information:

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

*\*Emergency contact should be a 3<sup>rd</sup> party not already listed above\**

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

1. I the parent/ Guardian of the above names candidate for a position on a Little League team, herby give my approval to participate in any and all Little League activities, including transportation to and from activities.
2. I the parent understand that participating in baseball 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 Ed Walsh Little League, Little League Incorporate, the organizers, sponsors, supervisors, participants, and persons transporting my child to and from activities from any claim arising out of any injury to my child whether the result of negligence or for any further other cause.
3. I will furnish a certified birth certificate of the above-named candidate to the Ed Walsh Little League Officials.

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Ed Walsh Little League Use Only			
B / C	Age 4 -5	\$55.00 _____	TOTAL: _____
Address	Age 6 - 8	\$110.00 _____	BOD Initials: _____
M / R Sign	Age 9 - 12	\$125.00 _____	Cash Credit Card
	Silver City	\$150.00 _____	Check Notes: