



STAMFORD NATIONAL LITTLE LEAGUE

WWW.STAMFORDNATIONAL.COM

2017 Player Registration Form



Player Name: _____ Date of Birth: _____ Player Age (see age chart below): _____

Parent/Guardian #1: _____ Parent/Guardian #2: _____

Address: _____ City: _____ State: _____ Zip: _____

Email #1: _____

Email #2: _____

Home Phone: _____

Cell Phone #1: _____ Cell Phone #2: _____

We need your help. PLEASE volunteer.

Role (circle all that apply): Manager/Coach Special Events Team Parent Other: _____

Birthdate	2017 Little League Age
May 1, 2004 - April 30, 2005	12
May 1, 2005 – August 31, 2006	11
September 1, 2006 – August 31, 2007	10
September 1, 2007 - August 31, 2008	9
September 1, 2008 - August 31, 2009	8
September 1, 2009 - August 31, 2010	7
September 1, 2010 - August 31, 2011	6
September 1, 2011 - August 31, 2012	5
September 1, 2012 - August 31, 2013	4

Documents Required: Returning players do not need to provide any documentation. All new players must provide a) a copy of player’s birth certificate (do not send the original) and b) either copies of three (3) different items for proof of residency (e.g., utility bill, cable bill, driver’s license, etc.) or a completed School Enrollment form, whichever applies (see league website for more details).

Tryouts/Evaluations: All players (including returning Majors’ players) age 7 or older are required to attend the tryout/evaluation. Please refer to our website www.stamfordnational.com for specific tryout/evaluation dates and times.

Fees (payable to Stamford National Little League): Ages 10-12: \$185 Ages 8-9: \$160 Ages 6-7: \$135 Ages 4-5: \$80

Please consider making a tax deductible donation to the league to help fund projects to improve the facilities.

1. I/We, the parents/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 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, Incorporated, the organizers, sponsors, supervisors, participants, and persons transporting my/our child to and from activities from any claim arising out of any injury to my/our child whether the result of negligence or for any other cause.
3. I/We agree that our child (candidate) may be required to try out for a team. If such does not attend either of the tryouts, local Board of Director’s approval is required for such candidate to be placed on a team.
4. I/We agree to provide proof of legal residence (as defined by Little League Baseball, Incorporated) and age (birth certificate). I/We understand that our child (candidate) must be eligible under the residence and age regulations of Little League Baseball, Incorporated, to participate in this Local League and that if any controversy arises regarding residence and/or age, the decision of the Charter Committee in Williamsport, PA shall be final and binding.
5. Financial assistance available upon proof of Free/Reduced lunch voucher from Stamford Public School system. Contact player agent for more information.

Signature: _____ Date: _____

Return forms and documents to playeragent@stamfordnational.com or to Todd Devault 24 Clifford Avenue Stamford, CT 06905 or John Vomacka 83 Kenilworth Dr West Stamford, CT 06902