

**2015 REGISTRATION FORM
STAMFORD NORTH LITTLE LEAGUE**

Please fill-in all information.

Enter School Player Attends ==>

Player Name	
Address	
Home Phone	
Player E-mail	
Notes	

Birth Date	
Gender	
League Age	
Last Year's Team	

See reverse side for fee schedule and tryout dates

For Official Use Only	
Age Verified	<input type="checkbox"/>
Residency Verified	<input type="checkbox"/>
Scholarship Eligible	<input type="checkbox"/>

NOTE: If your child does not want to be drafted by a Major League team, please check here:

** All children Little League age 12 must play in Majors Division**

Parent/Guardian #1

Parent/Guardian #2

Name	
Home Phone	
Cell Phone	
Work Phone	
E-mail	
Volunteer	Yes/No - Please complete volunteer form

Name	
Home Phone	
Cell Phone	
Work Phone	
E-mail	
Volunteer	Yes/No - Please complete volunteer form

In case of emergency, parents/guardians will be called first. Please list a 3rd person to be called in the event that parents cannot be reached.

Name:
 Relationship to Player:
 Phone #:

Medical Information

Insurance Carrier Policy #

In case of emergency, if the family physician cannot be reached, by signing below I hereby authorize my child to be treated by any Certified Emergency Personnel (e.g., EMT, First Responder, ER Physician).

Family Physician Phone #

Please list any allergies/medical problems, including those requiring maintenance medication (e.g., asthma).

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem that may interfere with or alter treatment.

1. I hereby give my approval for my child to participate in all Little League activities, including transportation to and from the activities.

4. I agree to provide proof of legal residence (as defined by Little League Baseball, Inc.) and age. I understand that my child (candidate) must be eligible under the residence and age restrictions of Little League Baseball, Inc., to participate in this Local League.

2. I 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, Inc., 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 other cause.

If any controversy arises regarding residence and/or age, the decision of the Charter Committee in Williamsport, PA shall be final and binding. I 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, Inc.) and/or age, such participant and/or team on which he/she participates may be found ineligible, and forfeits and/or suspension of Tournament privileges may be decreed by action of the Charter Committee or Tournament Committee.

3. I agree to return upon request the uniform and other equipment issued to my child in as good condition as when received except for normal wear and tear.

5. I will furnish a certified birth certificate of the above-named candidate to League Officials upon request.

Parent/Guardian Signature _____ **Date** _____

Stamford North Little League would like to thank the family or child who referred you to our little league. Please provide the name of the child/parent who referred you: _____

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Dear Parent and Guardians,

Stamford North Little League is proud of our players and coaches and will look to showcase their accomplishments through the inclusion of written descriptions and photographs of players and coaches.

The written descriptions and photographs may appear on our website, in the local media including newspapers and online reporting or on our FaceBook page.

Please fill out the form below and include it with your registration form.

Regards,
Stamford North Little League

RELEASE FORM

Yes, I hereby give permission to Stamford North Little league to use a photograph of my son/daughter in league and local social media and newspapers.

No, I do not give permission for photographs of my son/daughter to be used by Stamford North Little League.

Date

Signature of Parent or Guardian

Players Name

