

2019 Vernon-Rockville Little League – Player Registration Form

Player Name:	Age:	Date of Birth:
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Registering for (Circle One) Softball School (4-6) TeeBall/Baseball (4-6) Softball (4-12) Baseball (6-12)	Gender: Male Female
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Parent or Guardian Name:	Home Phone:
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Full Address:	Primary Cell Phone:
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Email Address: (Please Print Clearly)	Secondary Cell Phone:
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I, the parent/guardian of the named candidate for a position on a Little League team, hereby give my approval to participate in any and all Little League activities, including transportation to and from the activities. I 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, release, absolve, indemnify and agree to hold harmless the local Little League, Little League International, the organizers, sponsors, supervisors, participants and persons transporting my child to and from activities for any claim arising out of injury to my child whether the result of negligence or for any other cause. 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. I will furnish a certified birth certificate of the named candidate to League Officials along with my proof of residency or school enrollment in the town of Vernon Rockville Connecticut.

Parent / Guardian Signature**DATE**

INTERNAL USE ONLY:	[Proof of Age___]	[Proof of Residency or School___]
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