

Kenilworth Little League
P.O.Box 114 Kenilworth NJ 07033
Kenilworthlittleleague.org

PRINT CLEARLY

Player Information PLEASE complete as neatly as possible

Player name _____ M/F _____ Birth Date _____

Player age as of April 30 of the playing year _____

UNIFORM SIZE PANTS S M L AS AM AL AXL
SHIRT S M L AS AM AL AXL

Family Information

Mother's name _____ Father's name _____

Address _____

Phone _____ Email _____

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 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 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 to return upon request the uniform and other equipment issued to my/our child in as good conditions as when received except for normal wear and tear.

4. I/We agree that our child (candidate) may be required to try out for a team. If such does not attend at least 50 percent of the tryouts, local Board-of-Directors' approval is required for such candidate to be placed on a team.

5. I/We understand that our child (candidate) may be chosen at anytime to play on a Major 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 Major Division team will result in forfeiture of eligibility for the Major Division for the current season, and may be subject to further restrictions by the local league.

6. I/We agree to provide proof of legal residence (as defined by Little League Baseball, Incorporated) and age. 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 shall be final and binding. 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 be found ineligible, and forfeit(a) and/or suspension of Tournament privileges may be decreed by action of the Charter Committee or Tournament Committee.

7. I/We will furnish a certified birth certificate of the above-named candidate to League Officials.

I grant permission for the above named child to play in Kenilworth Little League

Signature of Parent or Guardian _____

EMERGENCY INFORMATION REQUIRED

NAME(child's) _____ AGE _____ DATE OF BIRTH _____

ADDRESS _____

DOCTOR'S NAME _____ Doctor's Phone _____

IN AN EMERGENCY NOTIFY _____ PHONE _____

ALTERNATE PHONE _____

In the event I can not be reached in an emergency, I hereby give permission to the First Responder, EMT, Physician or other medical personal to provide all treatment deemed necessary.

_____ Date _____

Signature of Parent or Guardian

List pertinent medical history (use back if necessary) _____

I do not want to volunteer my time-I will forfeit my work bond YES _____