



TEMPLE CITY AMERICAN LITTLE LEAGUE PLAYER REGISTRATION FORM

Player Age	League Age

Important Instructions:

- 1) Please print 2) Fill in all information 3) Complete one form for each child 4) Make check payable to TCALL

PLAYERS INFORMATION

BOY _____ GIRL _____

Name _____ Age: _____ Date of Birth: ____/____/____

Address _____ City _____ Zip _____

Home # () - _____ Email: _____

School Attending: _____ Grade: _____

Played Last Year: Softball Division: _____

T-Ball Baseball Team Name / Color: _____

PARENT OR GUARDIAN INFORMATION

Father or Guardian _____ Home # () - _____

Address _____ Work # () - _____

Occupation _____ Cell # () - _____

I would like to help: Manage/Coach Team Parent Email: _____

Mother or Guardian _____ Home # () - _____

Address _____ Work # () - _____

Occupation _____ Cell # () - _____

I would like to help: Manage/Coach Team Parent Email: _____

EMERGENCY INFORMATION

We, the undersigned, the parents of the participant, a minor do hereby authorize the managers, coaches, assistant coaches or parents of team members acting in the capacity of activity supervisor/vehicle drivers, as agents for the undersigned to consent to medical, surgical or dental examination, treatment, etc. In case of Emergency we hereby authorize treatment and/or care of registered player at any hospital. If there is an emergency and we cannot be reached, please contact:

Name: _____ Home # () - _____

Relationship: _____ Cell # () - _____ Work # () - _____

1. I/We the parents of the above named candidate for a position on a Little League team, hereby give my/our consent and approval to participate in any and all Little League activities including transportation to and from activities.

2. I/We know that participation in baseball, softball or T-ball 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 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.

4. I/We agree to furnish a certified Birth Certificate of the above named candidate to the League Officials.

Signature: _____ Date: ____/____/____

ADDITIONAL QUESTIONS AND AGREEMENTS

Initials _____ I understand my obligation to work 2 snack bar shifts per child. I understand that shifts are assigned to teams by the Snack Bar Coordinator in a best effort to avoid conflicts with scheduled games for the team assigned. In the event that I cannot work my required 2 snack bar shifts, I will find a suitable replacement from the list provided by TCALL. I understand a snack bar deposit (\$60 per child) will be collected at the time of registration. Upon completion of each shift worked, \$30 from my deposit will be redeemed either by myself, my suitable replacement or be forfeited.

Initials _____ I understand that my child will be required to try out for a team. If my child does not attend the tryout, Board of Director approval is required for my child to be placed on a team.

Initials _____ I agree to provide proof of legal residence (as defined by Little League Baseball Incorporated) and age. I understand that my child 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 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 will be removed from current team and/or league.

Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE. FOR LITTLE LEAGUE USE ONLY.

Birth Certificate # _____ Date of Birth _____

Proof of Residency 1) _____ 2) _____ 3) _____

Amount Paid _____ Cash Check # _____ Receipt # _____

Scholarship Yes No Shirt Size: Youth Adult S M L XL

Snack Bar Deposit \$60 Cash Check # _____ Receipt # _____

Special Notes: _____

Registered By: _____