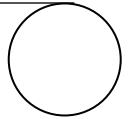




Brookfield Youth Little League



Player Registration Form

All Children ages 5 through 18, or who remain in school, with physical or mental disabilities are encouraged to participate.

Please make check payable to Thursday Nite Mixed League

Player name			Birth date			
Address					Gender	
Address 2					League Age/ Fee	
City/State/Zip				Age	Amount	
Home phone	()					
Email			My child will tryout for:	<input type="checkbox"/> Baseball	<input type="checkbox"/> Softball	

Parent #1	Last Years Team: _____	Parent #2	
Name		Name	
Phone	()	Phone	()
2nd phone		2nd phone	
Email		Email	
Volunteer?	<input type="checkbox"/>	Volunteer?	<input type="checkbox"/>

Medical Information

League Use Only

Emergency contact		Phone		Birth Certificate	Proof of Residency
Relationship to player				Medical Release Form	Waiver needed?
Insurance carrier		Policy		Level Assigned	Team Name

- 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.
- 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.
- 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.
- 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.
- 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.
- 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(s) and/or suspension of Tournament privileges may be decreed by action of the Charter Committee or Tournament Committee.
- I/We will furnish a certified birth certificate of the above-named candidate to League Officials.
- Absolutely no refunds will be given after uniforms are ordered

Signature _____

Date _____

Parent or Guardian Authorization: In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel. (i.e. EMT, First Responder, E.R. Physician)

Family Physician : _____ **Phone :** _____
Address: _____ **Hospital Preference:** _____

Please list any allergies/medical problems, including those requiring maintenance medication.
 (i.e. Diabetic, Asthma, Seizure Disorder)

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, which may interfere with or alter treatment.

Date of last Tetanus Toxoid Booster: _____

As a parent/guardian I give my permission and consent that my child play in Brookfield Youth Little League Inc. I/we promise to conduct ourselves in a manner exhibiting good sportsmanship and as an example beneficial to the character of our children. I have also read, completed, and signed the Little League Registration form on the reverse side of this page. I also understand that I will be obligated to work at the concession stand during one or more of my child's team's assigned times.

Mr./Mrs./Ms. _____ Date: _____

Authorized Parent/Guardian Signature

WARNING: Protective equipment cannot prevent all injuries a player might receive while participating in Baseball/Softball. Little League Baseball does not limit participation in its activities on the basis of disability, race, color, creed, national origin, gender, sexual preference or religious preference.

How will you help? Coach _____ **Umpire** _____ **Field Maintenance** _____ **Parents Club** _____

Check One

FEES

_____ **Challenger Division – Special Needs Children** **\$20** *(Another form is required)*

Make check payable to: Brookfield Youth Little League Inc.
P.O. Box 296
Brookfield, OH 44403