



EASTERN LITTLE LEAGUE

2010 Player Registration Form

Home of the 2006, 2007, 2008 & 2009 - 11 & 12 yr old District Champions.

Minor League Only _____

Player Information

Player Name: (F) _____ (M) _____ (L) _____

Birth Date: _____ / _____ / _____

Address: _____

Gender: M: _____ F: _____

City: _____, KY Zip Code: _____

Age (Apr. 30, 2010): _____

Home Phone: _____ School: _____

Height: _____ Weight: _____

Grade: _____ Experience (seasons played) _____

Shirt Size _____

League played in 2009 _____

2009 Team: _____

Guardian Information

Guardian #1: _____

Guardian #2: _____

Address (if different): _____

Address (if different): _____

City: _____ Zip Code: _____

City: _____ Zip Code: _____

Occupation: _____

Occupation: _____

Phone: (home) _____ (work/cell) _____

Phone: (home) _____ (work/cell) _____

Email: _____

Email: _____

Emergency Contact/Medical Information

Emergency Contact (other than above): _____ Relation to player: _____

Phone: (home) _____ (work) _____ (cell) _____

Ins. Carrier: _____ Group/Policy No: _____

Physician: _____ Phone: (_____) _____ -- _____

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 condition as when received except for normal wear and tear.

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

5. I/We understand that my/our child may be chosen at anytime to play on a Major Division team, if he or she is 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 ineligibility 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

my/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.

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

8. We understand and agree that once my/our child has been assigned to a team, no refund of the registration or other fees shall be made, absent approval by the league president for special circumstances.

9. We grant permission for my/our child's picture to be used on or in league publications, advertisements or website.

10. I/We understand that Eastern Little League relies on my accurate and complete answers to the above questions in determining eligibility and team placement decisions for my/our child. I/We understand that failure to provide accurate information to Eastern Little League regarding my/our child may result in forfeiture of my/our child's eligibility to participate in Eastern Little League, to be determined in the sole discretion of the Eastern Little League Board of Directors.

Signature: _____

Date: _____

Return Form and Fee to:

Player Agent, P.O. Box 21754, Lexington KY 40502-21754

Please make check payable to: Eastern Little League

Major: \$200 Minor: \$165 Rookie: \$155 T Ball: \$100