



WOODSTOCK LITTLE LEAGUE

2012 Registration Form



Player Name: _____
Last First

Address: _____

Home Phone: (____) _____

Cell Phone: (____) _____

email: _____

List siblings playing in WLL: _____

League Fee Paid: \$ _____

Payment Method: Cash Check Number: _____

League Age
(see age chart)

Birth Date: ____/____/____

Shirt Size _____ **Pant Size** _____

School: _____

Gender: Male Female

First year in WLL? Yes No

Play for another baseball team? Yes No

Player lives in city limits? Yes No

Participate in fundraiser? Yes No

Division	Age	Fee	
Minor - Rookie	7 & 8	\$75 per player	- Players living outside Woodstock city limits pay a \$20 non resident fee
Minor - AAA	9 & 10	\$90 per player	- Families with multiple players receive a \$20 discount per player
50-70 League	11 & 12	\$105 per player	- Players not participating in fundraiser pay an additional \$75
Junior League	13 & 14	\$140 per player	- Players registering after January 30th will pay a \$25 fee
Senior League	15 & 16	\$105 per player	- No refunds issued after March 15

Parent #1	Parent #2
Name: _____ Phone: _____ email: _____ Volunteer: Manage <input type="checkbox"/> Coach <input type="checkbox"/> Other <input type="checkbox"/>	Name: _____ Phone: _____ email: _____ Volunteer: Manage <input type="checkbox"/> Coach <input type="checkbox"/> Other <input type="checkbox"/>

Medical Information	League Use Only									
Emergency Contact: _____ Relationship to Player: _____	Phone: _____ <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Birth Certificate</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Medical release</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Residency Proof</td> <td>Yes</td> <td>No</td> </tr> </table>	Birth Certificate	Yes	No	Medical release	Yes	No	Residency Proof	Yes	No
Birth Certificate	Yes	No								
Medical release	Yes	No								
Residency Proof	Yes	No								

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 may result in serious injuries and that protective equipment does not prevent injuries to all players, and do hereby waive, release, absolve, indemnify, and agree to hold harmless the local Little League, Little League Baseball, Inc., the organizers, sponsors, supervisors, participants, and persons transporting my/our child to and from activities from any claim arising out of injury to my/our child whether the result is 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 of condition as when received except for normal wear.
4. I/We agree that our child 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 is required for such candidate to be placed on a team.

5. I/We agree to provide proof of legal residence (as defined by LL) and age. I/We understand that our child (candidate) must be eligible under the residence and age regulations of Little League Baseball, to participate in this local league, and that if a 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 and/or age, such participant and/or team on which he/she participates will be found ineligible, and forfeit(s) and/or suspension of Tournament privileges may be decreed by action of the Charter Charter Committee or Tournament Committee.
6. I/We will furnish a certified birth certificate of the above-named candidate to League Officials.
7. I/We agree participation in any other baseball organization will not conflict with Little League games or practices. If conflicts do arise, the league has the right to suspend or remove the player from the league.

Parent or Guardian Signature: _____ **Date:** _____

Include a Medical Release Form with Registration



Little League. Baseball and Softball M E D I C A L R E L E A S E



NOTE: To be carried by any Regular Season or Tournament Team Manager together with team roster or eligibility affidavit.

Player: _____ Date of Birth: _____ Gender (M/F): _____

Parent (s)/Guardian Name: _____ Relationship: _____

Parent (s)/Guardian Name: _____ Relationship: _____

Player's Address: _____ City: _____ State/Country: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

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: _____ City: _____ State/Country: _____

Hospital Preference: _____

Parent Insurance Co: _____ Policy No.: _____ Group ID#: _____

League Insurance Co: _____ Policy No.: _____ League/Group ID#: _____

If parent(s)/guardian cannot be reached in case of emergency, contact:

Name	Phone	Relationship to Player

Name	Phone	Relationship to Player

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

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

Date of last Tetanus Toxoid Booster: _____

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.

Mr./Mrs./Ms. _____
Authorized Parent/Guardian Signature Date: _____

FOR LEAGUE USE ONLY:

League Name: _____ League ID: _____

Division: _____ Team: _____ Date: _____

WARNING: PROTECTIVE EQUIPMENT CANNOT PREVENT ALL INJURIES A PLAYER MIGHT RECEIVE WHILE PARTICIPATING IN BASEBALL/SOFTBALL.
Little League does not limit participation in its activities on the basis of disability, race, color, creed, national origin, gender, sexual preference or religious preference.