RIDGEBURY LITTLE LEAGUE REGISTRATION FORM

NORTHERN TIER LITTLE LEAGUE * LEAGUE ID # 238-15-15

PLEASE PRINT: ☐ **Baseball** ☐ **Softball**

Player's Name _____ Shirt Size _____

Address _____

City _____ State _____ Zip _____ Phone _____

Date of Birth _____/_____/_____ ☐ Male ☐ Female School _____

Father's Name _____ (or legal Guardian)	Mother's Name _____ (or legal Guardian)
Address (**if different from above**) _____ _____	Address (**if different from above**) _____ _____
Home Phone _____	Home Phone _____
Cell Phone _____	Cell Phone _____
E-mail Address _____	E-mail Address _____

Medical Information

Insurance Carrier _____

Medical or physical limitations (allergies, hearing, sight, etc.) _____

_____

I/We, the parents 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 the participation in baseball and 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 for any claim arising out of any injury to my/our child whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance. I/We agree to return upon request the uniform and other equipment issued to my/our child in as good a condition as when received except for normal wear and tear.

_____ _____

Parent(s)/Guardian Signature Date

LEAGUE USE ONLY

Birth Certificate [ ] Medical Release Form [ ] League Age _____

Registration Fee [ ] Cash [ ] Check No. _____