

# Player Registration Form

Forest Hills Little League



(select one)

Little League       Pony League       Girls' Softball

**Player Information** (please print)

<b>Player Name</b>	last	first	<b>Birthdate</b>	month	day	year
<b>Address</b>				<b>Gender</b>	M <input type="checkbox"/>	F <input type="checkbox"/>
		apt#				
<b>City/State/Zip</b>	city	state	zip	<b>League Use Only</b>		
<b>Phone</b>	home	cell		league age	height	
<b>Email</b>				shirt size	pant size	
<b>School and Grade in Fall</b>	school	grade		level assigned	team name	

	<b>Parent #1</b>	
<b>Name</b>	last	first
<b>Phone</b>	home	cell
<b>Email</b>		
<b>Occupation</b>		
<b>Volunteer</b>	<input type="checkbox"/> Manager	<input type="checkbox"/> Coach

	<b>Parent #2</b>	
<b>Name</b>	last	first
<b>Phone</b>	home	cell
<b>Email</b>		
<b>Occupation</b>		
<b>Volunteer</b>	<input type="checkbox"/> Manager	<input type="checkbox"/> Coach

**The Forest Hills Little League is a NOT FOR PROFIT organization. Please check the following box if you wish to make a donation toward equipment, facility or other club improvements.**

This amount will be added to your total amount due: \$5.00  \$10.00  \$25.00  \$50.00  \$100.00  Other: \$

I wish to sponsor a team, please have someone contact me  Name of team sponsor:

**Medical Information**

<b>Emergency Contact</b>		<b>Phone</b>	
<b>Relationship to Player</b>			
<b>Doctor's Name</b>		<b>Phone</b>	
<b>Known Medical Problems</b>			

1. I/We, the parents/guardians of the above-named candidate for a position on a FHYAA team, hereby give my/our approval to participate in any and all FHYAA 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 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 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.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Print Name** \_\_\_\_\_  
**Relationship to Player** \_\_\_\_\_

Please make checks payable to: "FOREST HILLS LITTLE LEAGUE"