ALLEGHANY COUNTY
LITTLE LEAGUE
PLAYER REGISTRATION FORM

Player Name

Address

City/State/Zip

Birthdate

Gender

Age

Home Phone ( )

Email

School Attending

Shirt Size: **Child:** **s** (7-8) **m** (10-12) **l** (14-16) **or** **Adult:** **s** **m** **l** **xl**

Parents Name

Phone ( )

Email

Occupation

Would you be willing to help coach your child's team if needed? Yes No Maybe

Emergency Contact

Phone

Relationship to Player

Insurance Carrier

Policy

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 that 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 that our child may be required to try out for a team.
4.I/We understand that our child 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.
5.I/We will furnish a certified birth certificate of the above named child to League Officials.

Signature_____**Date**_____