

**League Age:** \_\_\_\_\_ **Registration Date:** \_\_\_\_\_ **Registration Official Initials:** \_\_\_\_\_  
**Birth Certificate:** Yes \_\_\_\_\_ No \_\_\_\_\_ **Residency Document:** \_\_\_\_\_  
**New Player:** Yes \_\_\_\_\_ No \_\_\_\_\_ **Returning Player:** Yes \_\_\_\_\_ No \_\_\_\_\_  
**Division:** T-Ball / Pedro Valley / Pacific Coast League / California / Majors  
**Sibling Option:** Yes \_\_\_\_\_ No \_\_\_\_\_ **Sibling Name:** \_\_\_\_\_  
**Registration Fee:** \$ \_\_\_\_\_ Credit Card \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_  
**Amount paid:** \$ \_\_\_\_\_ + **Buy-out Option Paid:** \$ \_\_\_\_\_ = **TOTAL Paid:** \$ \_\_\_\_\_

↑ LEAGUE USE ONLY ↑

**PACIFICA AMERICAN LITTLE LEAGUE BASEBALL REGISTRATION**

(Please write legibly. This form is the basis for all league records)

Child's Name \_\_\_\_\_ **DOB** \_\_\_\_\_ Gender M \_\_\_/F \_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 School \_\_\_\_\_

**Parent/Guardian's Name** \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Parent/Guardian's Home Address \_\_\_\_\_  
 Mailing address (if different): \_\_\_\_\_

**2<sup>nd</sup> Parent/Guardian's Name** \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 2<sup>nd</sup> Parent /Guardian's Home Address (if different) \_\_\_\_\_  
 Mailing address (if different from home address): \_\_\_\_\_

**Emergency contact to be notified if Parent(s) or Guardian(s) cannot be reached:**

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

Did child play last year: Y\_\_N\_\_ How many years has child played Little League baseball? \_\_\_\_\_

What division did she/he play in: Teeball \_\_\_/Pedro Valley \_\_\_/Pacific Coast \_\_\_/California \_\_\_/Majors \_\_\_  
 Other: \_\_\_\_\_

What team did she/he last play on? \_\_\_\_\_ Coach's name \_\_\_\_\_

\_\_\_ I/We give permission for my/our child's name to be placed on their jersey if the team she/he is selected to be on unanimously chooses to include names.

\_\_\_ I/We give permission for my/our child's photograph to be uploaded on the PALL website.

**Parent Waiver/Agreement**

**Indicate your agreement to each of the following participation conditions with your initials:**

- \_\_\_ I/We, the parent(s)/guardian(s) of the above candidate for a position on a Little League baseball team, hereby give my/our approval for her/him to participate in any and all Little League activities, including transportation to/from activities.
- \_\_\_ I/We understand that participation in baseball may result in serious injuries and that protective equipment does not guarantee the prevention of 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/from activities for any claim arising out of injury to my/our child whether the result of negligence or for any other cause.
- \_\_\_ I/We also understand that in case of an injury when parent(s)/guardian(s) cannot be reached, the child may be taken for emergency care of the Little League's choice.
- \_\_\_ I/we understand that presenting of misleading or inaccurate information regarding proof of age or residence may be cause for dismissal of the player from Pacifica American Little League.
- \_\_\_ I/We understand that our child (candidate) must try out for a team, unless she/he is a playing in the Tee Ball Division or the Pedro Valley Division; and that if she/he does not attend the tryouts, local Board of Directors approval is required for the player to be placed on a team.
- \_\_\_ I/We have read the league's Code of Conduct and accept the conditions set forth therein and understand the consequences for failure to abide by it and have reviewed it with the above named candidate.
- \_\_\_ I/We also understand that **every family is required to perform at least 8 hours of volunteer duties** during the season and have indicated our preferences below.

Snack Shack    Field Maintenance    Fundraisers (i.e. Auction Dinner Dance, 4<sup>th</sup> of July Booth, Hit-A-Thon)

Other: \_\_\_\_\_

- \_\_\_ I/We also understand that every family is required to participate in the League's Hit-a-Thon **FUND-RAISER** unless we choose to exercise the "buy out" option for a fee of \$30 for each child. The League will issue a bill for failure to purchase the buy-out or fulfill this obligation.

**Hit-a-Thon Buy out option selected. Paid:** \_\_\_\_\_

**Signature** \_\_\_\_\_



Youth/teens, age 11 and up, interested in **staffing the Snack Shack** (under adult supervision) or **Youth Umpiring**. Youth/teens will receive credit for community service. Please list youth interested who have adult permission by above signature. Please check boxes of interest:

**Snack Shack**    **Umpiring**

Name \_\_\_\_\_ Age \_\_\_\_\_ Phone Number \_\_\_\_\_

Parent Email: \_\_\_\_\_ Parent Cell Ph# (best to reach 3-5pm): \_\_\_\_\_

**Snack Shack**    **Umpiring**

Name \_\_\_\_\_ Age \_\_\_\_\_ Phone Number \_\_\_\_\_

Parent Email: \_\_\_\_\_ Parent Cell Ph# (best to reach 3-5pm): \_\_\_\_\_

# Little League Baseball and Softball

## MEDICAL RELEASE

**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: \_\_\_\_\_ 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: \_\_\_\_\_

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 medications (i.e. Diabetic, Asthma, and 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.