

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): _____

2nd Parent/Guardian's Name _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email Address _____

2nd 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.

[OVER – CONTINUED ON BACK]

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 already 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, 4th 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 \$35 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.