

Control # _____ New ___ Returning ___ BC ___
League Age _____ Division _____ CC ___ Cash ___ Check # _____ Amount _____
Residency Doc # _____ Siblings: _____ S/O _____
Registration Official: _____ Date _____

↑ 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): _____

Health / Accident Insurance Company: _____

Health / Accident Policy Number: _____

Physician's Name: _____ Phone Number _____

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.

[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, Pedro Valley Division or is a returning player to the Majors Division of baseball; 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.

If your child is a returning player to the Majors Division and wishes to tryout for the purpose of being placed on a team other than the one she/he is scheduled to return to, submit your request with the reason for the request via mail: Player Agent, PO Box 847, Pacifica or via e-mail:

playeragent@PALLball.org

A review committee will consider your request and notify you prior to tryouts.

- ___ 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 encouraged to perform volunteer duties and have indicated our preferences on this form.
- ___ I/We also understand that every family is required participate in the League's **Candy 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.

Candy Buy out option selected. Paid: _____

Signature _____

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Youth/teens, age 11 and up, interested in staffing the Snack Shack under adult supervision or youth interested in 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 _____

Snack Shack **Umpiring**

Name _____ Age _____ Phone Number _____