



LITTLE LEAGUE PLAYER REGISTRATION 2014

League Name

High Plains Little League**Player Information**New to HPLL Moved since last year

Player Name: _____

Street (official street residence of child) _____

Birthdate: _____ (mm/dd/yyyy)

Mailing Address (if different) _____

Gender: M F

School: _____ Day Phone: _____ Email: _____

Little League age is: _____ yrs

Jersey size: _____

Baseball: T-Ball(4-6, \$85) Rookies(7-8, \$100) Minors(9-11, \$130) Majors(11-12, \$130) Intermediate(11-13 \$130) Juniors(13-14,\$150)**Softball:** Minors (8-11, \$115) Majors (11-13, \$125) Juniors (13-14, \$125)**PARENT/GUARDIAN INFORMATION (guardian must be court appointed)** Check here if legal guardianMOTHER

NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

Occupation: _____

Employer: _____

VOLUNTEER? Manager Coach Board member
 Team Parent Umpire Concessions
 SponsorFATHER

NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

Occupation: _____

Employer: _____

VOLUNTEER? Manager Coach Board member
 Team Parent Umpire Concessions
 Sponsor**Medical Release / Parent or Guardian Authorization**

- 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.
- 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 whether the result of negligence or for any other cause.
- I/We agree to return upon request the uniform and other equipment issued to my/our child in as good conditions as when received except for normal wear and tear.
- I/We agree that our child (candidate) may be required to try out for a team. If such does not attend at least 50 percent of the tryouts, local Board of Directors' approval is required for such Candidate to be placed on a team.
- 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.
- 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 restrictions 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 the 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 may be found ineligible, and forfeit(s) and/or suspension of Tournament privileges may be decreed by action of the Charter Committee or Tournament Committee.
- I/We will furnish a certified birth certificate of the above-named candidate to the League Officials.

Authorized Parent/Guardian Signature _____ **Date** _____**Medical concerns (Allergies, medication, etc.)** _____**Family Doctor:** _____ **Phone:** _____ **Hospital Pref:** _____**Emergency Contact:** _____ **Phone:** _____ **Relationship:** _____**Insurance Company:** _____ **Policy#:** _____**SPECIAL REQUESTS/COMMENTS:**

Total Received: _____	Registration Fee: _____	Proof of Residence: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Cash <input type="checkbox"/> Credit Check# _____	Birth Certificate: <input type="checkbox"/> Yes <input type="checkbox"/> No	Rule II(d) Waiver: <input type="checkbox"/> Yes <input type="checkbox"/> No
Other Comments: _____		
<input type="checkbox"/> Information Officer	<input type="checkbox"/> Player Agent	<input type="checkbox"/> Division VP