



LITTLE LEAGUE PLAYER REGISTRATION 2018

League Name

High Plains Little League (HPLL)

Player Information:

☐ New to HPLL

☐ Moved since last year

Player Name: _____ Gender: ☐ Male ☐ Female

Street (Official Street residence of Child) _____ Birthdate: _____

Daytime Phone _____ Email: _____

School: _____

Little League age is: _____ years Jersey Size: _____ (not guaranteed)

BASEBALL: ☐ T-Ball(4-6, \$95) ☐ Rookies(6-8, \$125) ☐ Minors(8-11, \$180) ☐ Majors(11-12, \$180) ☐ Intermediate(11-13, \$185) ☐ Juniors(13-14, \$205)

SOFTBALL: ☐ Minors (9-11, \$155) ☐ Majors (11-13, \$165) ☐ Juniors (13-15, \$170) ☐ Big League (14-18, \$170)

PARENT/GUARDIAN INFORMATION (guardian must be court appointed)

☐ Check here if legal guardian

MOTHER/Guardian

NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

Occupation: _____

Employer: _____

VOLUNTEER? ☐ Manager ☐ Coach ☐ Board Member
☐ Team Parent ☐ Umpire ☐ Sponsor

FATHER/Guardian

NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

Occupation: _____

Employer: _____

VOLUNTEER? ☐ Manager ☐ Coach ☐ Board Member
☐ Team Parent ☐ Umpire ☐ Sponsor

HPLL Membership Fee

☐ \$3.00 per household/If split family \$3.00 per guardian for HPLL voting rights.

Photo/Media Release:

☐ I give my permission for Little League International and HPLL to use my player(s) photo for social media.

Medical Release / Parent or Guardian Authorization

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 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.
3. 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.
4. 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.
5. 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.
6. 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.
7. 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, Medications, Etc.)

Family Doctor: _____ **Phone:** _____ **Hospital Preference:** _____

Emergency Contact: _____ **Phone:** _____ **Relationship:** _____

Insurance Company: _____ **Policy Number:** _____

SPECIAL REQUESTS/COMMENTS: _____

Total Received: _____ Registration Fee: _____ Proof of Residence: ☐ Yes ☐ No

☐ Cash ☐ Credit Card ☐ Check # _____ Birth Certificate: ☐ Yes ☐ No Rule II (d) Waiver: ☐ Yes ☐ No

Other Comments: _____

☐ Information Officer ☐ Player Agent ☐ Division VP