



PLAYER REGISTRATION FORM SPRING 2012 SEASON



PLAYER NAME: (First Name, Last Name)

BASEBALL/SOFTBALL

BIRTHDATE

AGE on 4/30/12 (BB) or 12/31/11 (SB)

SCHOOL

STREET ADDRESS:

CITY

STATE

ZIP CODE

BEST PHONE NUMBER:

PRIMARY E-MAIL ADDRESS

NAME OF PARENT #1:

BEST CONTACT NUMBER

E-MAIL ADDRESS:

NAME OF PARENT #2:

BEST CONTACT NUMBER

E-MAIL ADDRESS:

I/We, the parent(s) of the above-named candidate for a position on a Little League team, hereby give my/our approval for him/her to participate in any and all Little League activities, including transportation to and from activities. I/We will furnish a birth certificate of the above-named candidate to Crescenta Valley Little League (CVLL) and provide proof of legal residence (as defined by Little League Baseball, Inc.) I/We commit to meet the volunteer responsibilities assigned to me/us by CVLL.

DISCLAIMER, ASSUMPTION OF RISK AND WAIVER: 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 CVLL, Little League Baseball, Inc. the organizers, sponsors, participants & persons transporting my/our child to & from the activities for any claim arising out of injury to my/our child, whether the result of negligence or any other cause.

SIGNATURE: _____

DATE: _____

MEDICAL APPROVAL & RELEASE

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 NUMBER:

HOSPITAL PREFERENCE:

PHYSICIAN MAILING ADDRESS:

CITY

STATE

ZIP CODE

INSURANCE PROVIDER:

POLICY NUMBER:

PLEASE LIST ANY ALLERGIES/MEDICAL PROBLEMS, INCLUDING THOSE REQUIRING MAINTENANCE MEDICATION. (i.e. DIABETIC, ASTHMA, SEIZURE DISORDER, ETC.)

MEDICAL DIAGNOSIS

MEDICATION

DOSAGE

FREQ OF DOSAGE

MEDICAL DIAGNOSIS	MEDICATION	DOSAGE	FREQ OF DOSAGE

Date of Last Tetanus Booster: _____

SIGNATURE: _____ DATE: _____

FOR CVLL USE ONLY

Baseball: Tee Ball Minors Majors Juniors

Softball: Minors Majors Juniors

PAYMENT AMT: \$ _____ Cash Check # _____ Credit Card

AGE & RESIDENCY VERIFICATION:

Returning Birth Certificate Passport Proof of Residency