

LEAGUE USE ONLY LEAGUE AGE/DIVISION

*League Age: _____

League Age is the age of the player as of April 30th of the current season

Jr-Tball T-Ball PW Minor Major Jr/Sr Challenger

ALVIN LITTLE LEAGUE REGISTRATION FORM

PLAYER'S INFORMATION

Player's Name:

Current Address:

City:

State:

ZIP Code:

Date of Birth:

Home phone:

Male _____ Female _____

Has child played in Alvin Little League Baseball previously? _____

Total # of years played _____

School Child Attends:

Grade Level:

PARENT/GUARDIAN #1

Name:

Email Address:

Home Phone:

Work Phone:

Cell Phone:

I would like to volunteer for the Following:

Manager: _____ Head Coach: _____ Asst. Coach: _____ Team Mom: _____

PARENT/GUARDIAN #2

Name:

Email Address:

Home Phone:

Work Phone:

Cell Phone:

I would like to volunteer for the Following:

Manager: _____ Head Coach: _____ Asst. Coach: _____ Team Mom: _____

MEDICAL INFORMATION

Please indicate any physical limitations the child has (vision, hearing, allergies, etc.):

Name of Insurance Carrier:

MEMBERSHIP INFORMATION

Regular membership: provides the privilege to vote at the annual meeting at which time a new Board of Directors is elected. The cost is \$5.00 per person (adults only), and expires September 30th of the current year. Membership is mandatory for at least one parent or guardian of each player. **Membership is also mandatory for all managers and coaches.**

Member's Name:

Home Phone: _____

Cell Phone: _____

Mailing Address:

PLEASE SEE BACK FOR ADDITIONAL INFORMATION

Please initial the following:

___ Yes, I understand that tryouts are required by all league ages 9, 10, 11 and 12 year olds that are not on a major league team roster, and that it is my responsibility for the child to attend and participate in tryouts. **I understand that players who do not tryout will be ineligible to play.**

___ Yes, I understand that the player accident insurance the League provides is secondary to my insurance and has a \$50.00 deductible.

I/We, the parents 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 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 Alvin Little League Baseball, Little League Baseball, Inc., the organizers sponsors, supervisors, participants and persons transporting my/our child to and from activities for an claim arising out of any injury to my/our child whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident and liability insurance.

I/We agree to return upon request the uniform and other equipment issued to my/our child in the same condition as when received except for normal wear and tear.

I/We will furnish a certified birth certificate of the above-named candidate to League Officials.

Parent(s) or Guardian(s) Signature: _____