

# Oracle Little League 2009 Registration Form

LEAGUE USE ONLY

\_\_\_\_ Birth Certificate  
\_\_\_\_ Participation Fee  
\_\_\_\_ League Age  
\_\_\_\_ Proof of Residency

For Oracle Little League I.D. 4030415 Date of Registration: \_\_\_\_\_

Name of Player \_\_\_\_\_ Birth Date: \_\_\_\_\_

Phone No. \_\_\_\_\_ Prior Team: \_\_\_\_\_

Address: Physical \_\_\_\_\_ Mailing \_\_\_\_\_

Parents Names: Mother \_\_\_\_\_ Father \_\_\_\_\_

Allergies or Special Medication: (Please List Any) \_\_\_\_\_

Please Note any Physical Limitations (hearing, sight, etc.) \_\_\_\_\_

Do you want your child to move up in division? (example-stay in T-ball, Minor) \_\_\_\_\_

T-Shirt Size (please circle one)

Child XS(4-5) S(6-8) M(10-12) L(14-16)

Adult S M L XL

Pants Size (please circle one)

Child S M L

Adult S M L

Fees: Tee Ball - \$55.00

Coach Pitch, Minors, Majors, Juniors, Seniors - \$60.00

2 children - \$90.00

3 children - \$120.00 from the same immediate family

**Try outs will be held for new coming Minor and Major League players!!**

**We MUST have a COPY of your child's birth certificate and proof of residency.**

Areas you would be willing to volunteer in:

Coach \_\_\_\_\_

Team Mom/Dad \_\_\_\_\_

Assistant Coach \_\_\_\_\_

Line Fields \_\_\_\_\_

Board Member \_\_\_\_\_

Concession \_\_\_\_\_

Umpire \_\_\_\_\_

Other \_\_\_\_\_

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 the local Little League, Little League Baseball incorporated, the organizers, sponsors, supervisors, participants, and persons transporting my/our child to and from activities for any 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 or liability insurance.

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

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

Parent(s) or Legal Guardian Signature \_\_\_\_\_

President's Signature \_\_\_\_\_

reverse →



# Little League<sup>®</sup> Baseball and Softball Medical Release



NOTE: To be carried by any Regular Season or Tournament Team Manager together with team roster or eligibility affidavit.

Player: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

League Name: OLL I.D. Number: 4030415

Parent or Guardian Authorization:

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: \_\_\_\_\_

Address: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

In case of emergency contact:

\_\_\_\_\_  
Name Phone Relationship to Player

\_\_\_\_\_  
Name Phone Relationship to Player

Please list any allergies/medical problems, including those requiring maintenance medication. (i.e. Diabetic, Asthma, Seizure Disorder)

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

Date of last Tetanus Toxoid Booster: \_\_\_\_\_

Mr./Mrs./Ms. \_\_\_\_\_

Authorized Parent/Guardian Signature

WARNING: Protective equipment cannot prevent all injuries a player might receive while participating in Baseball/Softball.

Little League does not limit participation in its activities on the basis of disability, race, color, creed, national origin, gender, sexual preference or religious preference.