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2018 HERMISTON LITTLE LEAGUE REGISTRATION / MEDICAL RELEASE FORM

PLAYER INFORMATION:

New to HLL Returning Player

Player Name: _____

Gender: Male Female

Street Address: _____

Birthdate: _____

City/State/Zip: _____

Phone: _____

Email: _____

Level played last year _____ If Majors, what team did you play on: _____

Registering for: Co-Ed: T-Ball (5-6) Challenger (5-21)

BASEBALL: AA (6-8) AAA (8-11) Major (10-12) Intermediate (13) Junior (14)

SOFTBALL: AA (6-8) AAA (8-11) Major (10-12) Junior (13-14)

Sibling(s) requesting to be placed on the same team. Must be registered in the same division.

Name: _____ Age: ____ Name: _____ Age: ____

Coach & Teammate Requests. T-Ball & AA Divisions Only. ***Requests are not guaranteed***

PARENT/GUARDIAN INFORMATION:

Parent/Guardian #1 Relationship: _____

Parent/Guardian #2 Relationship: _____

Name: _____

Name: _____

Phone: _____

Phone: _____

Cell: _____

Cell: _____

Email: _____

Email: _____

VOLUNTEER? Yes No

If yes, fill out Volunteer Application.

VOLUNTEER? Yes No

If yes, fill out Volunteer Application.

This box for League use only.

Prices:	<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard Amount \$	<input type="checkbox"/> Copy of Birth Certificate
Age 5-12 yrs \$75	Name:	<input type="checkbox"/> Forms signed
Age 13-14 yrs \$85	Card #:	
Challengers..... \$35	Expiration Date:	<input type="checkbox"/> Cash Amount \$
Family Discount: First 2 players at regular price, each additional \$20 off	Security Code:	<input type="checkbox"/> Check # Amount \$
Early Discount: \$10 off per player thru Jan 31	Signature:	
Late Fee: \$10 per player after Feb 28		

(Turn over)

MEDICAL INFORMATION:

Family Physician: _____ Phone: _____

Address: _____ City: _____ State: _____

Hospital Preference: _____

Parent Insurance Co: _____ Policy No: _____ Group ID#: _____

If parent(s)/guardian cannot be reached in case of an emergency, contact:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Date of last Tetanus Toxoid Booster: _____

Please indicate any allergies/medical problems, including those requiring maintenance medications (List meds and 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. Warning: Protective equipment cannot prevent injuries a player might receive while participating in Baseball/Softball.

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 to and from activities from any claim arising out of any injury to my/our child whether the result of negligence or for any other cause.
- (3) If applicable, 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 to provide proof of legal residence or school enrollment (as defined by Little League Baseball, Incorporated at LittleLeague.org/residence) and age. I/We understand that our child (candidate) must be eligible under the residence/school attendance and age regulations of Little League Baseball, Incorporated, to participate in this Local League, and that if any controversy arises regarding residence/school attendance and/or age, the decision of the Little League International Charter Committee in Williamsport, Pennsylvania shall be 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 be found ineligible, and forfeit(s) and/or suspension of Tournament privileges may be decreed by action of the Little League International Charter Committee or Little League International Tournament Committee.
- (5) 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.
- (6) If applicable, I/We understand that our child (candidate) may be chosen at any time 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.
- (7) I/We will furnish a certified birth certificate of the above-named candidate to League Officials.
- (8) I/We understand that my information as the parent or guardian of such above-named candidate is sent by the local league to Little League International each year. Such use of information by Little League International can be found here: www.LittleLeague.org/privacypolicy. You may opt-out of communications from Little League International at any time.
- (9) 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)

Parent/Guardian Signature: _____ **Date:** _____

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.