

ELKTON LITTLE LEAGUE 2016 REGISTRATION FORM

Please complete this form and issue check payable to Elkton Little League

www.ElktonLittleLeague.com

PLAYERS NAME _____ DATE _____ Fee Paid - \$ _____
Initials _____

PARENT(S) NAME _____

PRIMARY ADDRESS _____ Boundary Checked
Initials _____

TELEPHONE NUMBER (H) _____ (W) _____

E-MAIL (H) _____ (W) _____ Rec'd Fundraiser
Initial _____

DATE OF BIRTH _____ School _____ Male _____ Female _____

Significant Past Illness or Injury _____

WHICH OF THE FOLLOWING WILL YOU, (THE ADULT) PARTICIPATE IN: (Please check all that apply)

Umpiring Coaching Manager Fundraising Other

LITTLE LEAGUE DIVISION PLAYED IN LAST YEAR _____

TEAM _____ COACH _____

I/We, the parent(s) 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 or softball may result in serious injury and protective equipment does not prevent all injuries to players. I/We do hereby waive, release, absolve, indemnify and agree to hold harmless the local Little League, Little League Baseball, Inc., the organizers, supervisors sponsors, 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.

I/we agree to provide proof of legal residence and age. I/we understand that our child must be eligible under the residence and age regulations of Little League Baseball, Inc., to participate in Elkton Little League, and that if any controversy arises regarding residence and or age, the decision of the Charter Committee in Williamsport 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 LLB, Inc.) and or age, such participant and or team on which he/she participated be found ineligible, and forfeit(s) and or suspension of Tournament privileges may be decreed by action of the Charter Committee or Tournament Committee.

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

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

**MAIL TO: ELKTON LITTLE LEAGUE
P.O. BOX 75
ELKTON, MD 21922**

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Registration Fees Are Non-Refundable