

Northern Columbia Little League
PO Box 264, Kinderhook, NY 12106
FALL BASEBALL REGISTRATION FORM

Player Name (first) _____ (last) _____ Birth Date _____

Address _____ City _____ Phone _____

Email (for info about games, practices, etc.) _____

Level of Play for Fall 2017:

____ Intermediate (Those who played T-Ball this Spring and those who are returning to the intermediate level next Spring)

____ Minors (Those who played at the minor level this year or will be moving to that level next season.)

____ Majors (Those who were already in the majors this season. Older minor level players may be given an option to move up to the majors for fall ball if there are roster spots available.)

Fee Schedule: \$25 for Intermediate & Minors or \$30 for majors. Make checks payable to the NCLL. Please contact a league official if this is a financial burden.

Parent 1
Name _____

Parent 2
Name _____

Phone (H) _____ (M) _____

Phone (H) _____ (M) _____

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: _____ Telephone _____ Hospital Preference: _____

In case of emergency, if parents cannot be reached, contact: _____ Phone (H) _____ (M) _____

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

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

The purpose of this 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: _____. (Usually the year children begin Kindergarten.)

- I, the parent/guardian 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 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 cause.
- I agree to return the uniform and other equipment issued to my/our child in as good conditions as when received except for normal wear and tear.
- I 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.
- I 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.
- I agree to provide proof of legal residence (as defined by Little League Baseball, Incorporated) and age. I understand that our child (candidate) must be eligible under the residence and age regulations of Little League Baseball, Incorporated, to participate in this Local 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 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 Charter Committee or Tournament Committee.
- I will furnish a certified birth certificate of the above-named candidate to League Officials.
- Unless checked at right, I authorize the release of game photos featuring my child to the local media. No Photo Release _____

Parent/Guardian Signature _____

Date _____