

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

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

Street Address _____ City _____ Mailing Address _____ City _____

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

Gender: M _____ or F _____ Sport: Baseball _____ or Softball _____

Desired Level of Play for 2010: (Some levels require participant to earn a spot at a tryout.)

_____ Rookie Ball (age 5) _____ T-Ball (age 6) _____ Intermediate (7 & 8) _____ Minors (9 thru 12)
_____ Majors (9 thru 12) _____ Juniors (13-14) _____ Seniors (14-16)

Fee Schedule: \$55 for one child, \$110 for two or more children. Make checks payable to the NCLL. Please contact Tim Ragosta at 758-8796 if this is a financial burden. *Registration after 3/1/10; add additional \$5 per player.*

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.)

1. 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.
2. 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.
3. 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.
4. 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.
5. 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.
6. 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.
7. I will furnish a certified birth certificate of the above-named candidate to League Officials.
8. 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 _____