

Returning Player Y / N
Birth Certificate _____

2012 ARCHER MANOR BASEBALL REGISTRATION FORM

Fees _____
Candy Money _____
Consent Form _____

DATE OF BIRTH _____	<i>FOR LEAGUE USE ONLY</i>	LEAGUE AGE _____	
BASEBALL _____	SHIRT SIZE _____	VERIFIED BY _____	
GIRLS SOFTBALL _____	PANTS SIZE _____	DIVISION _____	
		TEAM _____	

PLAYER NAME _____

PARENT NAME _____

EMERGENCY CONTACT NAME/NUMBER _____

ADDRESS _____

CITY, STATE, ZIP _____

**IF CHILD HAS ANY PHYSICAL LIMITATIONS,
PLEASE LIST BELOW:**

EMAIL ADDRESS _____

PHONE NUMBER _____

**PLEASE LIST ANY INSURANCE / HOSPITALIZATION PLANS THAT YOUR CHILDREN ARE COVERED UNDER
(EXAMPLE: HMO/PPO NAME AND GROUP NUMBER):** _____

NUMBER OF CHILDREN IN LEAGUE _____
NAMES _____

AS A LEAGUE, WE TRY TO HONOR PARENT REQUESTS TO KEEP PLAYERS FROM THE SAME FAMILY/AGE GROUP TOGETHER. IF YOU WOULD LIKE THIS PLAYER TO BE ON THE SAME TEAM AS THEIR SIBLING(S), PLEASE LIST THEM HERE. **THE LEAGUE CANNOT GUARANTEE THAT ANY SPECIAL REQUESTS WILL BE MET.**

Sibling Names: _____

Waiver

I/We the parent(s) of the above named candidates 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 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 Inc., the organizers, sponsors, supervisors, coaches, managers, 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 for the extent and in the amount covered by accident or liability insurance.

Parent / Guardian Signature _____ Date _____

FOR LEAGUE USE ONLY

<u>REGISTRATION</u>	<u>PYMT. 1</u>	<u>PYMT. 2</u>	<u>CANDY FUNDRAISER</u>
TOTAL FEES DUE	_____	_____	CANDY BOX NUMBERS _____
DISCOUNTS	_____	_____	CANDY MONEY DUE _____
PAYMENTS	_____	_____	CANDY MONEY PAID _____
BALANCE	_____	_____	RCPT # _____
RCPT #	_____	_____	DATE _____
DATE	_____	_____	