

League ID No.				

APPLICATION TO PLAY LITTLE LEAGUE
PLEASE PRINT
FOR LOCAL LEAGUE USE ONLY
AUBURN LITTLE LEAGUE

League Use Only (Initial)	
	B/C
	POR

Division of Play _____

Player's Name _____ Male Female
 Mo. / Day / Year _____ Baseball Softball
DATE OF BIRTH

Street Address _____ City _____ State _____ Zip _____ Phone Number _____

School: _____ Grade: _____ email address: _____

Initial the Following:

_____/I/WE, the parents 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, give permission for our player's picture(s) to be posted on the "Auburn Little League" web site.

_____/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 person 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 to the extent and in the amount covered by accident of liability insurance.

_____/I/WE agree to return upon request the uniform and other equipment issued to my/our child in as good a condition as when we received, except for normal wear and tear.

_____/I/WE will furnish a certified birth certificate of the above named candidate to League Officials.

_____/I/WE will conduct my/our self appropriately at all Little League functions.

Parent(s) or Guardian Signature: _____

Name of Family Hospitalization Plan: _____

Please indicate any physical limitation (allergies, hearing, sight, ect.): _____

League Use Only	
FEE	_____
CASH	_____
CHECK NO.	_____
REC'D BY	_____
APPROVAL	_____

THERE WILL BE A \$25.00 FEE FOR ALL RETURNED CHECKS

MEDICAL RELEASE FORM
AUBURN LITTLE LEAGUE

DATE: _____

IN CASE OF AN EMERGENCY, IF OUR FAMILY PHYSICIAN CANNOT BE REACHED, I HEREBY AUTHORIZE THAT

 PLAYER'S NAME _____ DATE OF BIRTH _____

IS TO BE TREATED BY ANOTHER QUALIFIED, LICENSED PHYSICIAN WHO IS AVAILABLE.

FAMILY PHYSICIAN _____ PHONE _____

ALLERGIES: _____

DATE OF LAST TETANUS TOXOID BOOSTER: _____

PARENT OR GUARDIAN'S AUTHORIZATION: _____

SIGNED

Note: This form is to be carried by all league managers

Warning: Protective equipment cannot prevent all injuries that a player might receive while participating in baseball or softball.