



# OLIVE LITTLE LEAGUE

## PLAYER REGISTRATION FORM - SPRING 2012

P.O. BOX 3432, ORANGE CA 92865

WEBSITE: [olivelittleleague.org](http://olivelittleleague.org)

### PLAYER INFORMATION

NAME		DATE OF BIRTH (mo/day/year)		GENDER M <input type="checkbox"/> F <input type="checkbox"/>	
STREET ADDRESS		CITY		STATE	ZIP CODE
SCHOOL		CITY			GRADE
PRIMARY CONTACT INFORMATION FOR LEAGUE AND TEAM USE E-MAIL ADDRESS PHONE No.			REQUESTED BROTHER/SISTER OPTION (Name of brother/sister that parents want on the same team)		
LAST SPRING SEASON PLAYING EXPERIENCE YEAR                      LEAGUE                      DIVISION			LAST FALL SEASON PLAYING EXPERIENCE YEAR                      LEAGUE                      DIVISION		
<b>T-BALL ONLY</b>	REQUESTED COACH		REQUESTED FRIEND ON THE TEAM		

### FAMILY INFORMATION

<b>PARENT 1</b>	NAME	E-MAIL ADDRESS	DAYTIME PHONE
ADDRESS		WORK PHONE	CELL PHONE
<b>PARENT 2</b>	NAME	E-MAIL ADDRESS	DAYTIME PHONE
ADDRESS		WORK PHONE	CELL PHONE

### MEDICAL INSURANCE INFORMATION

INSURANCE CARRIER	POLICY NO.	PHONE
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I/We, the parents/guardians 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 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 other cause.

I/We agree to return upon request the uniform and other equipment issued to my/our child in as good conditions as when received except for normal wear and tear.

I/We will furnish Little League required proof of residency documents and a certified birth certificate for the above-named candidate to League Officials upon request. I/We understand that failure to provide acceptable documents as required by Little League regulations will result in the above-named candidate being ineligible for participation in Little League post-season Tournaments.

I/We agree that the above-named candidate may be required to try out for a team. If the above-named candidate does not attend at least 50 percent of the tryouts, local Board-of-Directors approval is required for placement on a team.

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE

LEAGUE USE ONLY					
TOTAL PAYMENT \$	PAYMENT METHOD	LEAGUE AGE	TRYOUT #	ASSIGNED DIVISION	ASSIGNED TEAM