

NORTH VALLEY – PLAYER REGISTRATION

Season: _____ Spring Fall

Parent / Guardian #1		Parent / Guardian #2	
Home address		Home address (if different)	
zip code		zip code	
<input type="radio"/> Home	Player best contact phone number	<input type="radio"/> Home	
<input type="radio"/> Cell		<input type="radio"/> Cell	
<input type="radio"/> Work		<input type="radio"/> Work	
Email		Email	
	VOLUNTEER		VOLUNTEER
	<input type="radio"/> Manager		<input type="radio"/> Manager
	<input type="radio"/> Coach		<input type="radio"/> Coach
Employer		Employer	
	<input type="radio"/> Team Parent		<input type="radio"/> Team Parent
	<input type="radio"/> Score Keeper		<input type="radio"/> Score Keeper
Occupation		Occupation	
	<input type="radio"/> Umpire		<input type="radio"/> Umpire
	<input type="radio"/> Board Member		<input type="radio"/> Board Member

The purpose of the medical information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment. Please list any allergies/medical problems, including those requiring maintenance medications. (i.e. Diabetic, Asthma, Seizure Disorder)

Male <input type="radio"/>		PLAYER		New Player <input type="radio"/>		Board fill in only	League Age	Reg Fee:
Female <input type="radio"/>		NAME 1:		Returning <input type="radio"/>				
Age 4-5-6	T-Ball Boys/Girls	Date of Birth:	Last year team name:				League Age	Reg Fee:
Age 6-7-8	Baseball Coach Pitch	Jersey Size	YS YM YL AS AM AL XL XXL	School:	Grade:	Early or Late Fee:		
	Girls Softball Coach Pitch		Comments:		Date last Tetanus Toxoid Booster:			
Age 8 & older	Baseball	Medical Condition	Medication:	Dosage/ Frequency		Sibling Discount -\$10		
	Girls Softball							
Male <input type="radio"/>		PLAYER		New Player <input type="radio"/>		Board fill in only	League Age	Reg Fee:
Female <input type="radio"/>		NAME 2:		Returning <input type="radio"/>				
Age 4-5-6	T-Ball Boys/Girls	Date of Birth:	Last year team name:				League Age	Reg Fee:
Age 6-7-8	Baseball Coach Pitch	Jersey Size	YS YM YL AS AM AL XL XXL	School:	Grade:	Early or Late Fee:		
	Girls Softball Coach Pitch		Comments:		Date last Tetanus Toxoid Booster:			
Age 8 & older	Baseball	Medical Condition	Medication:	Dosage/ Frequency		Sibling Discount -\$50		
	Girls Softball							
Male <input type="radio"/>		PLAYER		New Player <input type="radio"/>		Board fill in only	League Age	Reg Fee:
Female <input type="radio"/>		NAME 3:		Returning <input type="radio"/>				
Age 4-5-6	T-Ball Boys/Girls	Date of Birth:	Last year team name:				League Age	Reg Fee:
Age 6-7-8	Baseball Coach Pitch	Jersey Size	YS YM YL AS AM AL XL XXL	School:	Grade:	Early or Late Fee:		
	Girls Softball Coach Pitch		Comments:		Date last Tetanus Toxoid Booster:			
Age 8 & older	Baseball	Medical Condition	Medication:	Dosage/ Frequency		Sibling Discount -\$50		
	Girls Softball							

MEDICAL RELEASE AUTHORIZATION: In case of emergency, I hereby authorize my child(ren) to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, E.R. Physician.)

Emergency Contacts _____ (Name) _____ (Phone) _____ (Relationship to player)
 Family Physician _____ Phone: _____ Medical Plan: _____ Hospital Preference _____

Participation in Little League baseball requires the ability to run, throw, swing a bat and catch a ball. Additionally, participation requires the capacity to understand the rules of the game. Does your child have any current condition that limits his/her ability to participate in this activity? Yes ___ No ___ If "Yes", please explain and identify child by number of any modification that would enable your child to participate:

WAIVER: 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 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, 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 to the extent and in the amount covered by accident or liability insurance.

REFUND POLICY OF THE REGISTRATION FEE: The registration fee is a donation towards the operation of NVLL. All other donations collected from fundraisers, sponsorships, etc...are not refundable. In order to receive a refund of the registration fee, the parent/guardian of a player must submit a letter to the Board requesting a refund and stating the reason why the player is resigning. No refunds will be processed without this letter. Amount of refund will be based on the following situations. A player who resigns, quits, dropped or is injured...

- Prior to being assigned a team a \$25 administrative fee will be charged and the remaining balance refunded.
- No refund will be provided after a player have been assigned to a team.

CHECK RETURN FEE: \$25

SCHOLARSHIP requires review of latest tax return for league president approval.

Board fill in only		Date _____		Signature of Parent or Guardian _____	
Payment Plan	Amount Received	<input type="checkbox"/> Cash <input type="checkbox"/> Credit Card	Board Initials	Payment by credit or debit card: _____	_____
Scholarship amount (president approval)		<input type="checkbox"/> Check #:		Card #: _____	Exp: _____
				Name on card _____	
				Billing address if different: _____	