

Shirt Size _____

FORT VANCOUVER LITTLE LEAGUE
3526 Kaufman Ave. • Vancouver, WA 98660 • Phone 360 696-2994

Registration No. _____

To be filled out by League Officials only.

REGISTRATION FORM

Player's Name _____ Birth date _____ Age _____ Sex _____

Address _____ City _____ State _____ Zip Code _____

Player lives with Father Mother Both E-MAIL _____ School _____ Home Phone _____

Other Relatives in our League _____ Team played for last year _____

Last Name _____ First _____ Age _____ Last Name _____ First _____ Age _____

PARENTAL INFORMATION

Father _____ Cell Phone _____ Occupation _____

is interested in: (A) Manager (B) Coach (C) Scorekeeper (D) Umpire (E) Would Like More Information regarding _____

Mother _____ Cell Phone _____ Occupation _____

is interested in: (A) Manager (B) Coach (C) Scorekeeper (D) Umpire (E) Would Like More Information regarding _____

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 any modification that would enable your child to participate: _____

I/We the parents of the above named candidate for a position on a FORT VANCOUVER LITTLE LEAGUE TEAM, hereby give my/our approval to his/her participation in any and all Little League activities during the current season. 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 I/We assume all risks and hazards incidental to such participation including transportation to and from the activities: and I/We do hereby waive, release, absolve, indemnify and agree to hold harmless the local Little League, (Fort Vancouver Little League), the City of Vancouver, WA and Little League Baseball Inc. The Organizers, Supporters, Supervisors, Participants and Persons transporting my/our child/children for any claim arising out of any injury to my/our child/children whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance.

I/We agree to return upon request/or the end of the season the uniform and other equipment issued to my/our child/children in as good condition as when received except for normal wear and tear to your team coach and or manager.

I/We agree with Little League policy that any player refusing to accept advancement to a higher league shall forfeit chance to advance during entire season.

I/We will furnish a copy of our State Issued Certificate of Live Birth of the above named candidate(s) to the League Officials.

The cost per child to run the league is approximately \$140.00

I/We choose not to participate in Fort Vancouver Little League's Annual candy sales fund raiser, and agree to pay an additional \$40.00 per child in order to cover the entire cost of each player. I/We understand that if this payment is not received by April 1, this child will be responsible to participate in Fort Vancouver Little League's annual candy fund raiser.

By signing up our child in Fort Vancouver Little League, we agree to help in the Concession Stand at our teams scheduled times.

Date _____ Signed: _____
(Parent or Legal Guardian)

MEDICAL RELEASE FORM:

Brief Statement of physical and/or emotional condition: _____

Significant past illness and/or injury: _____

Medication required: _____

Please provide information about allergies, or medical conditions that the team should have in case of emergency _____

In case of emergency: Choice of Doctor: _____ Hospital: _____

If physician named cannot be reached, in a reasonable time, I hereby authorize treatment by another physician that is available

Date _____ Signed: _____

(Parent or Legal Guardian)

TO BE FILLED OUT BY LEAGUE OFFICIAL

Proof of age document - Certificate of Life Birth YES NO Scholarship applied for _____

FEE'S: Registration: \$ _____ Membership: \$ _____ Sponsor A Kid: \$ _____ Fund Raiser _____ Sponsor A Team _____

DONATION PAYABLE _____ TOTAL COLLECTED: _____ Cash Check# _____