



South Laurel Little League Registration Form 2022



Player Name: _____

Gender: Male Female Date of Birth: _____

Physical Address: _____

City: _____ Zip: _____

School: _____ Grade: _____

Shirt: YXS YS YM YL YXL AS AM AL AXL AXXL

Parent/Guardian Name: _____

Parent/Guardian Name: _____

Cell Phone: _____

Cell Phone: _____

Email: _____

Email: _____

Interested in Coaching a Team? _____

Interested in Coaching a Team? _____

Interested in Volunteering? _____

Interested in Volunteering? _____

Interested in Sponsoring a Team or Sign? _____

Interested in Sponsoring a Team or Sign? _____

Have an immediate family member who needs to be on the same team? (Ex. brother, sister, half-brother, half-sister, stepbrother, stepsister, first cousin). If so, list name, relation, and date of birth (Must be in the same sport and age division).

Name: _____ Relation: _____ Date of Birth: _____

Release for Communicable Diseases Including COVID-19, Assumption of Risk, and Waiver of Liability:

I the parent/guardian of the aforementioned candidate for a position on a team hereby give my approval to participate in all activities. In consideration of my child being allowed to participate in related events and activities, the undersigned acknowledges, appreciates, and agrees that, participation includes possible exposure to and illness from infectious diseases including but not limited to COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist.

I knowingly and freely assume all such risks, both known and unknown. I, for myself, my child and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release and hold harmless this organization their officers, officials, agents, and/or employees, other participants, sponsors, advertisers, and the owners and lessors of the premises used to conduct the event, with respect to any and all illness, disability, death, or loss or damage to person or property, whether arising from the negligence of the releases or otherwise, to the fullest extent permitted by law. If, however, I observe any unusual or significant hazard during my presence or my child's participation, I will remove myself and my child from participation and bring to the attention of the nearest official immediately.

I have read this release, assumption of risk and waiver of liability, I fully understand its terms, and I agree freely and voluntarily without any inducement.

Parent/Guardian Responsibilities:

I the parent/guardian understand this organization is run by volunteers and can only continue to operate with the help of parents/guardians taking an active role in their child's activities. I agree to abide by the league rules, and I affirm that all information submitted on the registration is correct. I understand that any falsification or failure to follow the conditions herein above will result in my child being dismissed from their team and forfeiture of any fees paid.

Website, Social Media &/or Possible Live Stream:

I the parent/guardian of the aforementioned candidate give permission for my child's name and/or picture to appear on the league website, social media and/or possible live stream.

Parent/Guardian (**SIGNATURE**)

Date

THIS BOX FOR LEAGUE USE ONLY

2022 Little League Age _____ Payment: Cash Check # _____ Amount \$ _____

Wee Ball (3-4) Tee Ball (5-6)

Coach Pitch Baseball (7-8) Minor Baseball (9-10) Major Baseball (11-12) Junior Baseball (13-14) Senior Baseball (15-16)

Coach Pitch Softball (7-8) Minor Softball (9-10) Major Softball (11-12) Junior Softball (13-14) Senior Softball (15-16)

Experience at Catcher? _____ Experience at Pitcher? _____

Additional Information: _____