



SPRING 2017 REGISTRATION FORM



www.HanoverLittleLeague.com

New Player Returning Player

Player Info

Player's First Name _____ Player's Last Name _____

Address _____ City _____ Zip Code _____

Primary Phone Number _____ Player's Date of Birth _____

Gender Male Female Number of Years of Experience _____

School District

South Western Hanover Conewago Valley Manchester, MD Other

Parent/Guardian Info

Name (1) _____ Relationship to Player _____

Home Phone _____ Cell Phone _____

Email Address _____

Name (2) _____ Relationship to Player _____

Home Phone _____ Cell Phone _____

Email Address _____

Volunteer

Head Coach Asst Coach Field Maintenance Other _____

**Volunteers are required to complete a volunteer application which includes a national background check and PA Clearances*

Uniform Sizing

Jersey Pants

Youth S

Youth M

Youth L

Adult S

Adult M

Adult L

Adult XL

Adult XXL

Fundraising

All families are responsible for selling **\$100** worth of fundraising OR you can opt out of fundraising by paying a **\$50** Opt-out fee. **Opt-Out fee is per family and not per player.**

Please initial: **We will fundraise:** _____ **We will Opt-Out of fundraising** _____ (fee will be added to total registration)

League Use Only

Birth Certificate _____ Proof of Residency _____

Medical Form _____ Fee Received _____ Opt-Out _____

League Age _____ Check No. _____

League Level _____ Tickets _____

Terms & Conditions

1. 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.
2. 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.
3. I/We agree to return, upon request, the uniform and other equipment issued to my/our child in as good of condition as when received except for normal wear.
4. I/We agree that our child (candidate) may be required to try out for a team. If such does not attend at least 50 percent of the tryouts, local Board of Directors approval is required for such candidate to be placed on a team.
5. I/We agree to provide proof of legal residence (refer to list as defined by Little League Baseball, Incorporated) and age. I/We understand that our child (candidate) must be eligible under the residence and age regulations of Little League Baseball, Incorporated to participate in this Local League, and that if any controversy arises regarding residence and/or age, the decision of the Charter Committee in Williamsport shall be final and binding. I/We further understand that if any participant on a Little League team does not qualify for participation in the league based on residence (as defined by Little League Baseball, Incorporated) and/or age, such participant and/or team on which he/she participates will be found ineligible, and forfeit and/or suspension of Tournament privileges may be decreed by action of the Charter Committee or Tournament Committee.
6. I/We will furnish a certified birth certificate of the above named candidate to League Officials.
7. I/We understand that I/we will be responsible for working in the concession stand one time during the season as a requirement of our participation in the league.
8. I/We understand that 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. Please explain any condition that will limit your child's ability to participate in this activity and the modifications that would enable your child to participate:

-By signing below, you certify that you have read, understand, and agree to the terms and conditions listed above.

Parent/Guardian Signature _____ Date _____