



# Player Registration Form 2019

<b>Player Name:</b>	First _____	Last _____	
<b>Player's Home Address (No PO Boxes)</b>	_____		
<b>City/Zip Code</b>	_____ / _____		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Home Phone:</b>	(____) _____	School: _____	
<b>Date of Birth:</b>	_____		Grade: _____
<b>Returning Player &amp; My Address Has Changed!</b> <input type="checkbox"/>			
<b>SPRING Season Levels</b>	At GHLL? <input type="checkbox"/> Yes <input type="checkbox"/> No – If No, Which League? _____		
	2018: <input type="checkbox"/> Did not Play <input type="checkbox"/> TBall <input type="checkbox"/> Rookie <input type="checkbox"/> A <input type="checkbox"/> AA <input type="checkbox"/> AAA <input type="checkbox"/> Majors <input type="checkbox"/> Jr. 2017: <input type="checkbox"/> Did not Play <input type="checkbox"/> TBall <input type="checkbox"/> Rookie <input type="checkbox"/> A <input type="checkbox"/> AA <input type="checkbox"/> AAA <input type="checkbox"/> Majors <input type="checkbox"/> Jr.		
<b>MEDICAL RELEASE FORM: Please Complete &amp; Initial Here:</b> _____			

A player who drops from the league after teams have formed has a major impact on all the other players in the league. Therefore, registration fees are non-refundable after the league begins its draft process.

<b>Father/Guardian 1</b>	<b>Mother/Guardian 2</b>
Name _____	Name _____
Contact Phone: (____) _____	Contact Phone: (____) _____
Email *Required for League communication _____	Email *Required for League communication _____
-Or- <input type="checkbox"/> Same	-Or- <input type="checkbox"/> Same
Occupation: _____	Occupation: _____
I can volunteer to help w/ <input type="checkbox"/> Coaching <input type="checkbox"/> Team Parent <input type="checkbox"/> Opening Day <input type="checkbox"/> Closing Ceremonies <input type="checkbox"/> Fields & Grounds Committee <input type="checkbox"/> Firework Stand <input type="checkbox"/> Other	I can volunteer to help w/ <input type="checkbox"/> Coaching <input type="checkbox"/> Team Parent <input type="checkbox"/> Opening Day <input type="checkbox"/> Closing Ceremonies <input type="checkbox"/> Fields & Grounds Committee <input type="checkbox"/> Firework Stand <input type="checkbox"/> Other
<b>Photography/Video Consent Release &amp; Waiver of Liability</b>	
Please signify your consent to post images or player name on the Golden Hill Little League (GHLL) website by checking the appropriate box below. If you are consenting to use your child's name and/or photo, you are hereby releasing GHLL from any and all liability resulting from or connected to the publication of the player's name and/or photo.	
<input type="checkbox"/> Yes <input type="checkbox"/> No Individual and/or group Photographs (such as team pictures) of my child may be electronically displayed and published on the GHLL website and in other printed media	
<input type="checkbox"/> Yes <input type="checkbox"/> No My child's first name may be electronically displayed and published on the GHLL website	
Signature: _____	Date: _____
Additional Fundraiser & Snack Bar Duty Options. Buy-out is mandatory if missed snack bar shift previous season.	
<b>Fundraiser</b> <input type="checkbox"/> Sell Candy (2 Boxes) <b>OR</b> <input type="checkbox"/> \$50 Buy-Out	
<b>Snack Bar:</b> <input type="checkbox"/> Work 3-hour Shift <b>OR</b> <input type="checkbox"/> \$45 Buy-Out	
<input type="checkbox"/> I have read the GHLL Snack Bar Guidelines available at <a href="http://www.ghll.net">www.ghll.net</a> (Documents page)	
<b>*If you decide to buy out after registration or miss a shift, the buy out will increase to \$75.</b>	
Other: <input type="checkbox"/> Yearbook \$10	<b>Total Buyouts/Extras: \$ _____</b>

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 has inherent risks and may result in serious injuries and protective equipment does not prevent all injuries to players. I/We do hereby waive, release, absolve, indemnify, and agree to hold harmless Golden Hill 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 the request the uniform and other equipment issued to my/our child in as good a condition as when received except for normal wear and tear.
4. I/We agree that our child (candidate) may be required to try out for a team. If such child (candidate) 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 understand that our child (candidate) may be chosen at anytime to play on a Major Division team, if he or she is of the correct age for such division as determined by the local league and Little League Baseball. Declining to move up to such a Major Division team will result in forfeiture of eligibility for the Major Division for the current season, and may be subject to further restrictions by the local league.
6. I/We agree to provide proof of legal residence (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, such participant and/or team on which he/she participates will be found ineligible, and forfeit(s) and/or suspension of Tournament privileges may be decreed by action of the Charter Committee or Tournament Committee.
7. I/We will furnish a certified birth certificate of the above named candidate to League Officials.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**League Use Only**

New  Return

Registration #

Add. Verify

Proof of Residency

No

Residence

School

Returning Player

Waiver? \_\_\_\_\_

LL Age

Age Check \_\_\_\_\_

Birth Certificate

Yes  No

Returning Player

Medical Release

Yes  No

**Reg. Fees Owed:**

\$ \_\_\_\_\_

Candy Buyout (\$50)

Snack Bar BO (\$45)

Yearbook (\$10)

Total Paid:

\$ \_\_\_\_\_

Cash

Check # \_\_\_\_\_

Credit Card

**Notes:**