



THE CITY OF
EDINBURG Little League
Player Registration Form



Player's Legal Birth Name (First, Middle, Last) _____ Date of Birth _____ Siblings: Yes No

Age: _____ Gender: Male Female League Fee: _____ Baseball Softball

Address: _____ State: _____ Zip: _____

School Name: _____

Home Phone: _____ Cell Phone: _____

T-Shirt Size: YS YM YL Last Year's Team Name: _____ Division: _____

AS AM AL AXL American League: _____ National League: _____

Divisions: 4yr Summer Season(Parental Involvement) 5-6 7-8 9-10 11-12 13-14

Parent 1 Name	Parent 2 Name
Phone/Cell Phone	Phone/Cell Phone
Email	Email
Address <input type="checkbox"/> Same as Above	Address <input type="checkbox"/> Same as Above
Interested Volunteers: P.1 <input type="checkbox"/> Manager <input type="checkbox"/> Head Coach <input type="checkbox"/> Asst Coach <input type="checkbox"/> Team Parent Please fill out "Volunteer Application" and check the box P.2 <input type="checkbox"/> Manager <input type="checkbox"/> Head Coach <input type="checkbox"/> Asst Coach <input type="checkbox"/> Team Parent	

Medical Information		
Emergency Contact	Other	Phone
Relationship to Player		
Insurance Carrier	Policy	

- 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 Little 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 prevail all injuries to players, and do hereby waive, release, absolve, indemnity, and agree to hold harmless the local City of Edinburg 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.
- I/We understand that our child (candidate) may be chosen at any time 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 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.
- 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, 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 can be found ineligible, and forfeit(s) and/or suspension of Tournament privileges may be decreed by action of the Charter Committee or Tournament Committee.
- I/We will furnish a certified birth certificate of the above-named candidate to League Officials.

For additional information, please visit our website: <http://edinburg.recdesk.com>

Parent/Guardian Signature: _____ Date: _____

OFFICE USE ONLY	
Original Birth Certificate Verified By: _____	Document #: _____
Amount Paid: \$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Credit Card <input type="checkbox"/> Check # _____	
Verified By: _____	
Notes: _____	

City of Edinburg Little League USE ONLY	
Birth Certificate <input type="checkbox"/> Yes <input type="checkbox"/> No	Proof of Residency <input type="checkbox"/> Yes <input type="checkbox"/> No
Medical Release Form <input type="checkbox"/> Yes <input type="checkbox"/> No	Waiver Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Level Assigned	Team Name