



FALLBALL

Player Registration Form

LEAGUE USE ONLY

AGE

Player Name			
Address			Birthdate / /
City/Zip		Gender	Male Female
Home Phone	Shirt Size _____		Youth Adult
If Played for UCALL last year: Division T-Ball Minors Jr. Farm Majors Sr. Team _____			

Parent/Guardian #1		Parent/Guardian #2	
Name		Name	
Cell Phone		Cell Phone	
Email		Email	
Occupation		Occupation	

Emergency Contact #1		Emergency Contact #2	
Name		Name	
Phone		Phone	
Relationship		Relationship	

Health Insurance Carrier		Policy #	
Medication(s)		Allergies	

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 or softball 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 equipment issued to my/our child in as good condition as when received except for normal wear and tear.

4. In case of emergency, I hereby authorize my child to be treated by Certified Emergency Personnel. (i.e. EMT, First Responder, E.R. Physician)

Signature _____ Date _____