



OCEANSIDE NATIONAL LITTLE LEAGUE PLAYER REGISTRATION FORM

(Please Print)

League Age

Official Use Only

PLAYER INFORMATION

Last Name:	First Name:	M.I.:	Gender:	Birth Date:
Street Address:		Apt. #	Home Phone #: ()	
City:	Zip:	School Player Attends:		Grade:
Did player participate in Little League last season: <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, at what level: <input type="checkbox"/> T-ball <input type="checkbox"/> Farm <input type="checkbox"/> AA <input type="checkbox"/> AAA <input type="checkbox"/> Majors <input type="checkbox"/> Jrs.		

FAMILY INFORMATION

Father/Guardian:	Occupation:	
Address (if different from player address):	Email Address:	
Home Phone #: ()	Work Phone #: ()	Cell Phone #:()
Mother/Guardian:	Occupation:	
Address (if different from player address):	Email Address:	
Home Phone #: ()	Work Phone #: ()	Cell Phone #:()
We would like to help with: <input type="checkbox"/> Managing <input type="checkbox"/> Coaching <input type="checkbox"/> Umpire <input type="checkbox"/> Snack Bar <input type="checkbox"/> Other <input type="checkbox"/> I cannot volunteer		

IN CASE OF EMERGENCY

Local Emergency Contact (other than parents/guardian)

Name:	Relationship to player:
Address:	Phone: ()
Allergies/Physical Limitations:	

LEGALITIES AND WAIVER

As parents/guardians of the player listed above, I/We acknowledge being aware that participation in baseball may result in serious injury to our player and that the use of protective equipment does not preclude the possibility of injury. I/We grant permission for our players to participate in Little League Baseball activities, including transportation to or from these activities with knowledge of the inherent dangers involved and hereby agree to accept any and all risks of injury. As consideration for our player's participation in Little League Baseball, I/We agree to hold harmless the Oceanside National Little League, Little League Baseball, its organizers, sponsors, supervisors, officials and participants, or persons providing transportation for the above player to or from league activities, for damage or injuries resulting from participation in these activities, where such damage or injury results from negligence or other act. I/We release the above named individuals and entities from all actions, claims or demands that I/We or the player listed above have now, or may have, for injury or damage resulting from the player's participation in Little League, except to the extent and in the form and amount covered by accident or liability insurance. 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 tryouts, local Board-of-Directors' approval is required for such candidate to be placed on a team. 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 may 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 also agree that I/We are responsible for any personal property damage we may cause due to negligence in using league equipment (i.e. carts, rakes, drags, etc).

Parent/Guardian signature:	Date:
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REFUND POLICY

I understand that no refunds will be given after the 1st scheduled practice.	Signature:	Date:
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LEAGUE OFFICAL

Birth Certificate: <input type="checkbox"/> Yes <input type="checkbox"/> No	League Age:	Division requested or Try Out: <input type="checkbox"/> T-ball <input type="checkbox"/> Farm <input type="checkbox"/> AA <input type="checkbox"/> AAA <input type="checkbox"/> Majors <input type="checkbox"/> Jrs
Proof of residency: <input type="checkbox"/> Yes <input type="checkbox"/> No	Residency documents used: <input type="checkbox"/> Drivers Lic. <input type="checkbox"/> Utility Bill <input type="checkbox"/> Med. Rec. <input type="checkbox"/> Financial <input type="checkbox"/> Vehicle <input type="checkbox"/> HOA <input type="checkbox"/> Military Rec <input type="checkbox"/> Fed/St Tax <input type="checkbox"/> Insurance <input type="checkbox"/> Internet/Cable <input type="checkbox"/> Other	
Medical release form received: <input type="checkbox"/> Yes <input type="checkbox"/> No	Registration: <input type="checkbox"/> \$100.00 Tball <input type="checkbox"/> \$130.00 Farm - AA <input type="checkbox"/> \$140.00 AAA - Jrs	<input type="checkbox"/> Cash
Early Registration Discount (-\$10.00)	\$	<input type="checkbox"/> Check
Fundraiser fee: Self-Sell Raffle Tickets <input type="checkbox"/> \$40.00	\$	<input type="checkbox"/> Cash
		<input type="checkbox"/> Check
Refundable Snack Bar fee: <input type="checkbox"/> \$75.00	\$	<input type="checkbox"/> Cash
		<input type="checkbox"/> Check
Scholarship Requested <input type="checkbox"/>	Total Registration Amount \$	Check Amount \$
		Cash Amount \$

Sibling Discount:
 1 Sibling - \$5.00
 2 Siblings - \$10.00
 3 Siblings - \$15.00

Tickets Recv'd: Yes No
 Recv'd by: _____ (Initial)

Additional player's name(s) included in check amount:	Payment Received by:
Registration processed by:	

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Player Request Fields

Buddy With:

Shirt Size:

Request Manager:

Special Request: