Little League® Baseball Canada Player Registration Form

Player Information

Player Name: _____ Birthdate (mm/dd/yyyy): _____

Address: _____ Gender: Male ☐ Female ☐

Address 2 (if applicable): _____ League Age: _____ League Fee: _____

City: _____ Prov: _____ Postal Code: _____

Phone: _____ Email: _____

My child will try-out for: ☐ Baseball ☐ Softball ☐ Challenger

Parent/Guardian Information

Parent/Guardian #1

Name: _____

Phone: _____

Email: _____

Occupation: _____

Volunteer? ☐ Yes ☐ No
If yes, fill out "Volunteer Application"

Parent/Guardian #2

Name: _____

Phone: _____

Email: _____

Occupation: _____

Volunteer? ☐ Yes ☐ No
If yes, fill out "Volunteer Application"

Medical Information

Emergency contact: _____
Relationship to player: _____
Phone: _____

Insurance carrier: _____
Phone: _____
Policy: _____

Terms and 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 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 Canada, 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) If applicable, I/We agree to return upon request the uniform and other equipment issued to my/our child in as good conditions as when received except for normal wear and tear.

(4) I/We agree to provide proof of legal residence or school enrolment (as defined by Little League Baseball, Incorporated at LittleLeague.org/residence) and age. I/We understand that our child (candidate) must be eligible under the residence/school attendance and age regulations of Little League Baseball, Incorporated, to participate in this Local League and that if any controversy arises regarding residence/school attendance and/or age, the decision of the Little League International Charter Committee in Williamsport, Pennsylvania 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 be found ineligible, and forfeit(s) and/or suspension of Tournament privileges may be decreed by action of the Little League International Charter Committee or Little League International Tournament Committee.

(5) 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.

(6) If applicable, 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.

(7) I/We will furnish a certified birth certificate of the above-named candidate to League Officials.

(8) I/We understand that my information as the parent or guardian of such above-named candidate is sent by the local league to Little League Baseball Canada and Little League International each year. Such use of information by Little League Baseball Canada and Little League International can be found at https://www.littleleague.ca/portals/3643/docs/website%20privacy%20policy.pdf. You may opt-out of communications from Little League Baseball Canada and Little League International at any time.

Signature: _____ **Date:** _____

Internal Use Only:

Birth Certificate: ☐ Yes ☐ No
Medical Release Form ☐ Yes ☐ No
Proof of Residency *or* School Enrollment ☐ Yes ☐ No

Waiver Needed? ☐ Yes ☐ No
Level Assigned: _____
Team Name: _____