

RETURN MAIL TO:



St. Marys National Little League

PO Box 581 ~ St. Marys, OH ~ 45885



Player Registration Form

Player name	First <input type="text"/>	Last <input type="text"/>	Birthdate <input type="text"/>	Age <input type="text"/>
Address	Street <input type="text"/>		Gender <input type="checkbox"/> Male	<input type="checkbox"/> Female
	City <input type="text"/>		My child will register for:	<input type="checkbox"/> Lob/Tee Ball
	State <input type="text"/>	Zip <input type="text"/>		<input type="checkbox"/> Little Pony
Home phone	(<input type="text"/>) <input type="text"/>		Shirt Size (mark one)	Youth <input type="checkbox"/> S <input type="checkbox"/>
Player Email	<input type="text"/>			Adult <input type="checkbox"/> M <input type="checkbox"/>
Parent #1		Parent #2		<input type="checkbox"/> L <input type="checkbox"/>
				<input type="checkbox"/> XL <input type="checkbox"/>

Name	First <input type="text"/>	Last <input type="text"/>	Name	First <input type="text"/>	Last <input type="text"/>
Phone	(<input type="text"/>) <input type="text"/>		Phone	(<input type="text"/>) <input type="text"/>	
Email	<input type="text"/>		Email	<input type="text"/>	
Occupation	<input type="text"/>		Occupation	<input type="text"/>	
Volunteer?	<input type="checkbox"/>		Volunteer?	<input type="checkbox"/>	

Medical Information			Other		
Emergency contact	<input type="text"/>	Phone	<input type="text"/>	Doctor	Phone <input type="text"/>
Relationship to player	<input type="text"/>			Dentist	Phone <input type="text"/>
Insurance carrier	<input type="text"/>	Policy	<input type="text"/>	Hospital	Phone <input type="text"/>
Medical Comments	<input type="text"/>				

- I/We, the parents/guardians of the above-named candidate for a position on a Lob, Minor, Little, or Pony League team, hereby give my/our approval to participate in any and all Lob, Minor, Little, or Pony league activities, including transportation to and from the activities.
- I/We know that participation in baseball 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, Inc. 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 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.
- 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.
- I/We understand that our child (candidate) may be chosen at anytime to play on a higher league team, if he or she is of the correct age for such a league team as determined by the local league and Little League Baseball. Declining to move up to such higher league team will result in forfeiture of eligibility for the higher league team for the current season, and may be subject to further restrictions by the local board.
- 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 Local Board-of-Directors shall be final and binding. I/We further understand that if any participant on any of the leagues teams does not qualify for participation in the league based on residence (as defined by Little League Baseball, Inc.) 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 Tournament Committee, Charter Committee, or Local Board-of-Directors.
- I/We will furnish a certified birth certificate of the above-named candidate to League Officials.

Parent Signature _____ Date _____

APPLICATION TO MANAGE OR COACH BASEBALL IN ST. MARYS

INTERESTED IN PARTICIPATING IN ST. MARYS NATIONAL LITTLE LEAGUE BOARD OF DIRECTORS

I agree to above and assume all risks and hazards incidental to such participation in any and all program activities including transportation to and from the activities and do hereby waive, release, absolve, indemnify and agree to hold harmless the local organizers, sponsors, participants, and persons transporting my son/daughter to or from activities, for claim arising out of injury to my son/daughter, whether the result of negligence or for any other cause. The City of St. Marys and St. Marys Little League do not have insurance to cover such matters

Manager/Coach/Board Member _____ Date _____

Candidate Signature _____

RETURN BY: February 24, 2008