



For League Use Only	
League Age _____	
Division _____	

PLAYER LAST NAME: _____

BIRTH DATE: _____

PLAYER FIRST NAME: _____

(mm/dd/yyyy)

HOME ADDRESS: _____

CITY and ZIP CODE: _____

(CIRCLE ONE)

MALE FEMALE

PHONE NUMBER: _____

AGE: _____

PARENT #1 NAME: _____

DIVISION: _____

EMAIL ADDRESS: _____

CELL NUMBER: _____

EMPLOYER: _____

JERSEY No.: 1st 2nd 3rd

(Optional)

PARENT #2 NAME: _____

EMAIL ADDRESS: _____

SHIRT SIZE: (CHECK ONE)

CELL NUMBER: _____

YOUTH SM ADULT SM

EMPLOYER: _____

YOUTH MED ADULT MED

YOUTH LG ADULT LG

EMERGENCY CONTACT: _____

ADULT XL

PHONE NUMBER: _____

ADULT XXL

Will there be any siblings (same household) playing at South? (Last name, First name, age and division) _____

Any Additional Information that we should be aware of (including medical/allergies)? _____

I AM INTERESTED IN VOLUNTEERING (optional, check all that applies)					
<input type="checkbox"/> TEAM MANAGER	<input type="checkbox"/> TEAM COACH	<input type="checkbox"/> TEAM PARENT	<input type="checkbox"/> GROUNDS CREW	<input type="checkbox"/> FIELD MAINTENANCE	<input type="checkbox"/> OTHER

FOR INTERNAL USE ONLY

RECEIPT NUMBER: _____	DIVISION AMOUNT: _____
RAFFLE TICKET #: _____	*Raffle Ticket: \$25(add on) + _____
PAID BY: <input type="checkbox"/> CASH <input type="checkbox"/> CHECK #: _____	SUBTOTAL: _____
SLL OFFICIAL: _____	AMOUNT PAID: _____
ENTERED IN THE SYSTEM: _____	AMOUNT DUE: _____
YES	NO

Terms and Conditions

- (1) I/We, the parents/guardians of the candidate named above for a position on a Little League team, as a result of this give my/our approval to participate in all Little League activities.
- (2) I/We know that participation in baseball or softball may result in severe injuries and protective equipment does not prevent all injuries to players and does as a result of this waive, release, absolve, indemnify, and agree to hold harmless the local Little League.
- (3) I/We, the parents/guardians agree to do our part by filling the required time for our child (candidate) team’s concession time.
- (4) I/We recognize that our child (candidate) does not have to be present to try out for a team.
- (5) I/We, the parents/guardians of the candidate named above agrees to participate in the local Little League Fundraiser either by selling or buying out.

These are not options but requirements. By signing below, you’re endorsing that you understand that as a parent/guardian of South Little League you will fulfill these requirements and have read the South Little League Code of Conducts.

Signature _____ Date _____

South Little League may take photographs of teams, players, and fans throughout the season. Photos may be upload to our Social Media Sites. If it is okay to take pictures of your child and post them, check yes. If it is NOT OKAY to take photos of your child and post them check no.

YES

NO

If you know of anyone who would like to sponsor a team or field let us know by filling out the information below:

Sponsor _____

Telephone # _____

Email Address: _____