



## 2019 Little Ferry / South Hackensack Little League

### PLAYER INFORMATION ONLY

Last Name		First Name		DOB		Gender M F		Age		Grade	
Home Address				City				State		Zip	
Home Number:			Email Address:								
Sport:	Circle One T-Ball    Baseball    Softball		Has Child Played Before: YES                      NO		If yes, Team Name:		Shirt Size: Youth: S M L XL Adult: S M L XL XXL				

### PARENT – GUARDIAN INFORMATION ONLY

Parent/Guardian 1				Parent/Guardian 2			
Name:				Name:			
Cell Phone:				Cell Phone:			
Email:				Email:			
Volunteer:		Yes    No ( If Yes Fill Out, Volunteer Application )		Volunteer:		Yes    No ( If Yes Fill Out, Volunteer Application )	

### Medical Information

Emergency Contact:		Phone:		Relationship:	
Insurance Carrier:		Policy:			

I/We, the parents or Legal Guardians of the above named candidate for a position on a Little League Team and other privileges afforded by the League, hereby give my/our approval to participate in any and all Little League activities. I/We assume all risks and hazards incidental to such participation including transportation to and from the activities: and I/We do hereby waive, release, absolve, indemnify and agree to hold harmless the Little Ferry/South Hackensack Little League Incorporated, The sponsors, Supervisors, Participants, Officers and persons transporting my/our child to and from activities, for any claim arising out of injury to my/our child, whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance. I/We agree to return upon request the uniform and other equipment issued to our child in as good a condition as when received except for normal wear and tear. I/We will furnish a copy of the certified birth certificate of the above named candidate to League Officials.

**EMERGENCY AUTHORIZATION:** I, the undersigned parent or legal guardian of the above named player, a minor (“Player”) hereby authorize each of the coaches, team parents, and/or other officials of LFSH Little League to act as my agents in the capacity of activity supervisors and vehicle drivers, and I authorize each of them as well as the above-identified Emergency Contact to consent to medical, surgical or dental examination and/or treatment.

**I/WE HAVE READ THE ABOVE EMERGENCY AUTHORIZATION AND THE DISCLAIMER, ASSUMPTION OF RISK AND WAIVER, AND THE ACKNOWLEDGMENT AND CONSENT AGREEMENTS, FULLY UNDERSTAND THE TERMS OF EACH, UNDERSTAND THAT I AND PLAYER HAVE GIVEN UP SUBSTANTIAL RIGHTS BY MY SIGNING THIS FORM AND AGREING TO THESE TERMS, AND I SIGN THIS FORM FOR MYSELF AND ON BEHALF OF PLAYER AND AGREE TO THESE TERMS FREELY AND VOLUNTARILY AND WITHOUT INDUCEMENT.**

Parents Signature:

Date:

### League Use Only

Amount Paid:		Check Number:		<i>Baseball/ Softball / T-Ball (Second child \$55)</i>		Date:	
Medical Included:		Yes    No		Birth Certificate Included:		Yes    No	
President Signature:				Date:			