## APPLICATION TO PLAY AT LAYRITZ LITTLE LEAGUE

Player Information (please pl	rint clearly)		
First Name:	Last Name:	Birthdate:	
Street Address:	City:	Postal Code:	
(M/F) Player's Sc	hool:	School Form or Waiver on file? $\Box$ Yes $\Box$ No	
Primary Parent/Guardian Co	ontact Information (please print clearly)		
First Name:	Last Name:	Phone Number:	
* Email Address:	•	n to receiving notifications and correspondence from Layritz Little League and ay opt out of receiving emails by contacting <a href="mailto:playeragent@layritz.ca">playeragent@layritz.ca</a>	
Secondary Parent/Guardian	Contact Information (please print clearly)	)	
First Name:	Last Name:	Phone Number:	
* Email Address:		*Check here to opt in to receiving notifications and correspondence from Layritz Little League and its representatives. You may opt out of receiving emails by contacting <a href="mailto:playeragent@layritz.ca">playeragent@layritz.ca</a>	
and all Little League activities. I/We all injuries to players, and do herel Incorporated, the organizers, spon any injury to my/our child, whether	e know that participation in baseball or softball my by waive, release, absolve, indemnify and agree to sors, supervisors, participants, and persons transp the result of negligence or for any other cause. I/N Indition as when received except for normal wear a	ttle League team, hereby give my/our approval to participate in any result in serious injuries and protective equipment does not prevent to hold harmless the local Little League, Little League Baseball, porting my/our child to and from activities, for any claim arising out on the work of the work of the approximation of the serious description. It was agreed to return upon request the uniform and other equipment and tear. It we will furnish a certified birth certificate of the above	
Signature	Name	Date	
Signature	Name	Date	
		tz Little League and will be used and maintained in accordance with the stions about the above, please contact <a href="mailto:playeragent@layritz.ca">playeragent@layritz.ca</a>	
	This Area for League	Use Only	
I have examined this application ar	nd find it to be in accordance with Little League Ru	ules and Regulations.	
Signature (President)	Name	Date	
	Selection Reco	ord	
Year	League Age	Division Assigned Team	
	+		