

APPLICATION TO PLAY AT LAYRITZ LITTLE LEAGUE

Player's Name..... Birth Date (D/M/Y).....
 Address: (St.)..... (City).....(PC).....
 Proof of Age Document.....School.....

I/We, the parents 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. 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, Incorporated, the organizers, sponsors, supervisors, participants, and persons transporting my/our child to and from activities, for 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 our child in as good a condition as when received except for normal wear and tear. I/We will furnish a certified birth certificate of the above named candidate to League Officials.

Father's Name (print).....Signature..... Occupation
 Phone #.....Email..... Mobile #.....
 Mother's Name (print).....Signature..... Occupation.....
 Phone #.....Email..... Mobile #.....

I have examined this application and supporting proof of age document and find both to be in accordance with Little League Rules and Regulations.

Date..... President.....

fold ----- *fold*

This Side For League Use Only

Player's Name..... (M/F)..... Birth Date (D/M/Y).....
Selection Record

Year	League Age	Division	Assigned Team	T. Team

Moved out of League Boundaries.....20..... to.....
 Claimed under Regulation II (d) and Reported to Little League Headquarters.....20.....