



McDowell Mountain Little League

Charter No. 75971

Player Registration Form



Player Name

Last Name First Name Init

Gender _____ Birth Date _____

mm/dd/yy

Address

School

Grade

City

Scottsdale State AZ Zip _____

Phone

() - _____

e-mail

Yrs of experience? _____

Last year? MMLL

Other

Level/Div? _____

Requested Division _____

NOTE: Requests are not guaranteed. Players are assigned based on age, grade, previous experience, evaluations and the number of teams in each division

T-Ball/Farm Only

Coach Requests (3 Max) _____

Player Requests (3 Max) _____

NOTE: Requests for coaches and players will be considered for T-Ball and Farm players only and will be honored when possible

Parent/Guardian/Emergency Contact Information

Primary Contact

First Name Init Last Name

() - _____

Additional phone number Additional e-mail

I would like to volunteer as a Manager Coach Other

Backup Contact

First Name Init Last Name

() - _____

Additional phone number Additional e-mail

I would like to volunteer as a Manager Coach Other

MEDICAL RELEASE

Medical History: (Check all that apply)

- Asthma
- Allergies
- Bleeding Tendencies
- Dental braces or fixtures
- Diabetes
- Fractures within past year
- Glasses/Contacts
- Head injuries
- Heart Murmur
- Kidney Disease
- Repeated bone or joint injuries
- Seizures
- Serious illness
- Surgery within past year

Date of last Tetanus shot: _____

Current Medication: _____

Additional Medical Info: _____

Consent for Medical Treatment of Minor:

I hereby give my consent for any emergency treatment for the named applicant as his/her parent or legal guardian, either on the practice field or on the game field. I authorize any hospital and/or physician to perform emergency treatment for any injuries during any scheduled Little League Baseball activity, including the supervised travel to and from said activity. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of the named applicant.

Accident Insurance Disclosure:

The medical expense benefit of the Little League Baseball plan is an "EXCESS" type benefit that picks up where your primary coverage leaves off. If you have other individual, blanket or group coverage which provides benefits or services for, or by reason of, medical or dental care or treatment, then this plan will pay only the medical expenses not provided or reimbursed under your coverage. If the parent/guardian has coverage with pre-paid medical plans (such as CIGNA), the injured person MUST BE TAKEN TO THE PRE-PAID MEDICAL FACILITIES for treatment. All claims against this plan must be filed within 60 days of the accident.

Name of Applicant's Physician: _____

- I/We, the parents/guardians 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, including transportation to and from the 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 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 Major Division team, if he or she is of the correct age for such division as determined by the local league and Little League Baseball. Declining to move up to such Major Division team will result in forfeiture of eligibility for the Major Division for the current season, and may be subject to further restrictions by the local league.

Signature

Photo Waiver

Yes No

I agree to give McDowell Mountain Little League and League-approved photographers permission to photograph my child, whether in individual, team and/or action photos during League activities and to use those photographs for promotional purposes on the MMLL website and/or on the approved photographer's website for review and/or purchase.

Date

For League use only – to be completed by a League Official			
League Age	Player Number	Birth Certificate	Proof of Residency