

OJAI VALLEY LITTLE LEAGUE



Player Registration Form

Please Print and Complete Both Sides of Form:

Player Name _____	Gender _____	Date of Birth _____
Address _____		League Age _____
Home Phone _____	Preferred Email Address _____	Fee _____

Fees: T-Ball \$85 • Minor/Major \$135 • Junior \$175 — **Before 12/31:** T-Ball \$70 • Minor/Major \$120 • Junior \$150

Checks Payable To: OVLL • **Mailing Address:** Ojai Valley Little League, P.O. Box 34, Oak View, CA 93022

Parent #1 Name _____ Address _____ Phone _____ Email _____	Parent #2 Name _____ Address _____ Phone _____ Email _____
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OVLL needs volunteers like you! Please check below if you are interested in volunteering for the 2012 season.

Umpire _____ Snack Bar _____ Manager (If so, what division?) _____

Team Announcement/Potluck Volunteer _____ Assistant Coach (If so, what division?) _____

Field Maintenance _____ Special Volunteer Services/Skills You Can Offer _____

1. I/We, the parents/guardians of the above-named player, hereby give my approval to participate in any and all Little League activities, including transportation to and from activities.

2. I/We know that participation in baseball 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.

3. I/We agree to return upon request the uniform and other equipment issued to my/our child in as good a condition as when received, except for normal wear and tear.

4. I/We agree that our child may be required to try out for a team. If said child does not attend at least 50% of the try-outs, local Board of Directors' approval is required for such child to be placed on a team.

5. I/We understand that our child may be chosen at anytime to play on a Major Division team, if he/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.

6. I/We agree to provide proof of legal residence (as defined by Little League Baseball, Incorporated) and age. I/we understand that our child must be eligible under the residence and age regulations of Little League Baseball, Incorporated, to participate in this Local League, and that if any controversy arises regarding residence and/or age, the decision of the Charter Committee in Williamsport shall be final and binding. I/we further understand that if any participant on a Little League team does not qualify for participation in the League based on residence (as defined by Little League Baseball, Incorporated) and/or age, such participant and/or team on which he/she participates be found ineligible, and forfeit(s) and/or suspension of Tournament privileges may be decreed by action of the Charter Committee of Tournament Committee.

7. I/we will furnish a certified birth certificate of the above-named candidate to League officials.

8. I/we understand and agree that group and individual photographs of players are taken throughout the season for purposes of promoting the League. These photographs may be placed in the local newspaper, the annual League yearbook and on the League website.

9. I/we understand that candidates for the Junior Division are required to participate in try-outs scheduled by the local League. I/we further understand that the Manager of the Junior team has the authority to cut candidates/players from said team.

Parent/Guardian Signature _____ Date _____

League Use Only

Birth Certificate Yes No / Proof of Residency Yes No / Medical Release Form Yes No / Waiver Needed Yes No

Code of Conduct Yes No Level Assigned _____ Team Name _____