

TRYOUT # _____ DIVISION _____ TEAM # _____ LEAGUE AGE _____
 3 PROOFS OF RESIDENCE _____ BIRTH CERTIFICATE VERIFICATION _____ MEDICAL RELEASE _____ BOARD INITIAL _____

SALIDA LITTLE LEAGUE ~ 2012 Registration Application

P.O.Box 513 ~ Salida, CA 95368

Child's Name: _____			DOB: ____/____/____	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Last	First	MI	(Month / Date / Year)		
Address: _____			City: _____	ZIP Code: _____	
Home Phone: _____		Work Phone: _____		Cell Phone: _____	
School: _____			Grade: _____		
Father's Name: _____		Cell Phone: _____		E-Mail: _____	
Mother's Name: _____		Cell Phone: _____		E-Mail: _____	

League played in last year: _____	Division: _____	Coaches Name: _____
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ALL PLAYERS WILL BE DRAFTED TO TEAMS IN EACH DIVISION, EXCEPT FOR T-BALL (ages 4-5)

Age as of April 30, 2012 LEAGUE AGE: _____ Check one box - **BASEBALL:** (BOYS & GIRLS ages 4-14)
 - **CHALLENGER:** (BOYS & GIRLS with disabilities)
 - All ages 6-18 may play together

Participation in Little League Baseball requires the ability to run, throw, swing a bat and catch a ball. Additionally participation requires the capacity to understand the rules of the game. Does your child have any current condition that limits his or her ability to participate in this activity? yes no
 If yes, please explain and identify any modification that would enable your child to participate:

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 Salida Little League, Little League Baseball Inc., the organizers, sponsors, 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, except to the extent and in the amount covered by accident or liability insurance. Parent or Guardian Initial : _____

I/We understand that our child candidate may be chosen at any time to play on a Major Division team, if he or she is of the correct age for such division as determined by Salida Little League and Little League Baseball Inc. Parent or Guardian Initial : _____

Child's Health Insurance: _____	Policy: _____
Physician's Name: _____	Physician's Phone: _____
Hospital Preference: _____	Dentist: _____ Phone: _____

****In case of emergency: If you cannot be contacted:**

Name: _____ Relation: _____ Phone: _____

~ PARENT OR GUARDIAN AUTHORIZATION ~

In case of emergency, during any Little League activity, I/we authorize emergency medical treatment, as deemed necessary, be rendered to the above named child. I/we authorize any hospital and/or physician to perform emergency treatment for any injury resulting from any scheduled Little League Activity
 Parent or Guardian Signature: _____ Date: _____

~ MEDIA RELEASE ~

I hereby DO ___ DO NOT ___ give Salida Little League permission to use photograph(s) and name of my child on the Salida Little League website: www.salidalittleleague.com or other media types.
 Parent or Guardian Signature: _____ Date: _____

~ UNIFORM INFORMATION ~ Shirt Size: **YOUTH:** S - M - L **ADULT:** S - M - L - XL - XXL - XXXL Parents initial: _____

~ LEAGUE USE ONLY ~

Registration Fee:	\$ _____	Receipt #: _____
Cash payment:	\$ _____	
Check / Money Order payment:	\$ _____	Check #: _____
Fundraiser agreement Initial:	_____	