WEST END LITTLE LEAGUE REGISTRATION FORM

Player Information (Please Print)

Player's Name: _____
(Last) (First)

Address: _____

City: _____ **Zip:** _____

Phone: _____ **Birth Date:** _____

Gender: M F (circle one) **Grade:** _____

Shirt Size: YS YM YL AS AM AL AXL (circle one)

League Use Only

Reg Fee: _____ **League:** _____

Ad Fee: _____ **Age:** _____

Total: _____

Check No: _____

I Want To Volunteer (Please attach volunteer application form)

☐ Head Coach of my child's team ☐ Team Mom

☐ Assistant coach ☐ Umpire

Father

Name: _____

Home Phone: _____ Work: _____

Cell: _____

Email: _____

Mother

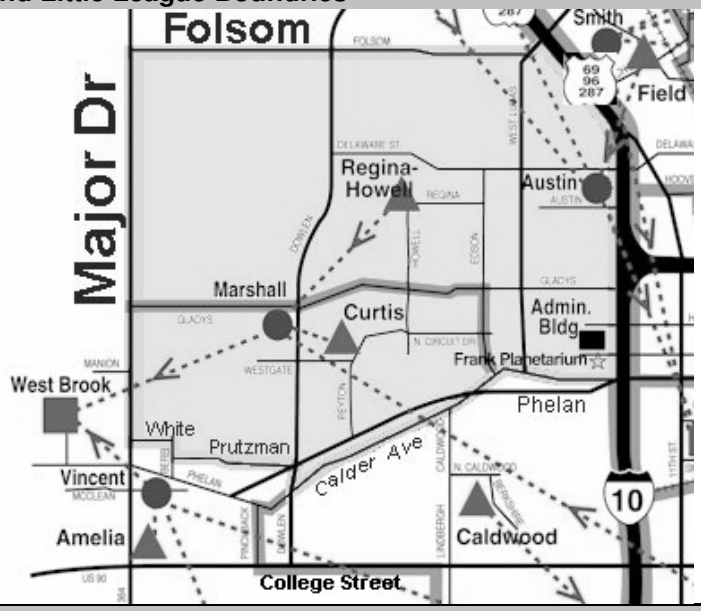
Name: _____

Home Phone: _____ Work: _____

Cell: _____

Email: _____

West End Little League Boundries



Please Read and Sign

I/We, the parents/guardians of the above named player hereby give my/our approval to participate in all West End Little League activities, including transportation to and from the activities. 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 West End Little League, Inc., the organizers, sponsors, supervisors, participants, and persons transporting my/our child to and from activities, for any claim arising out of an injury to my/our child whether the result of negligence or for any other cause.

I/We agree to provide proof of legal residence and age. I/We understand that our child must be eligible under the residence and age regulations of Little League Baseball, Inc. to participate in West End Little League. I/We understand that a false statement regarding residency or age may lead to ineligibility to play West End Little League baseball.

X _____ _____

SIGNATURE **DATE**