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**GREENVILLE LITTLE LEAGUE**

**2017 PLAYER REGISTRATION FORM   
(Email…..info@greenvillellbaseball.com)**

**(Mail to PO Box 544 Greenville Pa 16125)**

**\*\*A separate player registration form is required for each individual child registering for Greenville Little League\*\***

**\*\*Deadline for registration is Wednesday March 1st 2017\*\***

**PLAYER NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_**

**Last First MI**

**BIRTHDAY:\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ AGE:\_\_\_\_\_\_ School District \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CITY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMAIL (1): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email (2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PHONE (1): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE (2): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SHIRT SIZE: Y (6-8) Y (10-12) Y (14-16) A (Sm) A (Md) A (Lg) A (XL)**

**HAT SIZE**: *(11-12, 13-14, & 15-16 year old divisions only)* **S/M M/L L/XL**

\*\*Uniform availability is **NOT guaranteed** for opening day for those signing up after registration deadline\*\*

1. 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.

2. 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, its officers, Little League Baseball Inc., 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.

**Parent / Guardian**

**SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**League Use Only:**

|  |  |  |
| --- | --- | --- |
|  | **Rate** | **Notes:** |
| **Registration Fee** ($40 t-ball, $50 age 7-16, $75 family rate) |  | \*\*Volunteer Deposit will be returned in full in exchange for working 1 night in **concessions**, **umpiring** 1 game, or working on 1 **field prep** Saturday. Any adult family member may work on behalf of the player. |
| **Volunteer Deposit** (per family) | **$50** |
| **Ticket Money** (per family) | **$25** |
|  |  |
| **Total Due:** |  | € Cash \_\_\_\_\_\_\_\_\_ € Check #\_\_\_\_\_\_\_\_\_\_ |

**League Use Only:**

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| **Birth Certificate: (copy) on file? Yes  No  LEAGUE AGE**  **Medical Release Form Yes  No ** |