



Player Registration Form 2021

Player Name:	First	Last
Player's Home Address (No PO Boxes)		
City/Zip Code	/	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Home Phone:	()	School:
Date of Birth:		Grade:

Returning Player & My Address Has Changed!

SPRING Season Levels	At GHLL? <input type="checkbox"/> Yes <input type="checkbox"/> No – If No, Which League? _____ 2020: <input type="checkbox"/> Did not Play <input type="checkbox"/> TBall <input type="checkbox"/> Rookie <input type="checkbox"/> A <input type="checkbox"/> AA <input type="checkbox"/> AAA <input type="checkbox"/> Majors <input type="checkbox"/> Jr. 2019: <input type="checkbox"/> Did not Play <input type="checkbox"/> TBall <input type="checkbox"/> Rookie <input type="checkbox"/> A <input type="checkbox"/> AA <input type="checkbox"/> AAA <input type="checkbox"/> Majors <input type="checkbox"/> Jr.
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MEDICAL RELEASE FORM: Please Complete & Initial Here: _____

A player who drops from the league after teams have formed has a major impact on all the other players in the league. Therefore, registration fees are non-refundable after the league begins its draft process.

Father/Guardian 1	Mother/Guardian 2
Name	Name
Contact Phone: ()	Contact Phone: ()
Email *Required for League communication	Email *Required for League communication
-Or- <input type="checkbox"/> Same	-Or- <input type="checkbox"/> Same
Occupation:	Occupation:
I can volunteer to help w/ <input type="checkbox"/> Coaching <input type="checkbox"/> Team Parent <input type="checkbox"/> Opening Day <input type="checkbox"/> Closing Ceremonies <input type="checkbox"/> Fields & Grounds Committee <input type="checkbox"/> Firework Stand <input type="checkbox"/> Other	I can volunteer to help w/ <input type="checkbox"/> Coaching <input type="checkbox"/> Team Parent <input type="checkbox"/> Opening Day <input type="checkbox"/> Closing Ceremonies <input type="checkbox"/> Fields & Grounds Committee <input type="checkbox"/> Firework Stand <input type="checkbox"/> Other

Photography/Video Consent Release & Waiver of Liability

Please signify below your consent for GHLL to post images or player name on the Golden Hill Little League (GHLL) website, and to have your child and family participate in games that may be live-streamed via the web by checking the appropriate box below. If you are consenting to use your child's name and/or photo, and to participate in live-streamed games, you are hereby releasing GHLL from any and all liability resulting from or connected to the publication of the player's name and/or photo or .

<input type="checkbox"/> Yes <input type="checkbox"/> No	Individual and/or group Photographs (such as team pictures) of my child may be electronically displayed and published on the GHLL website and in other printed media
<input type="checkbox"/> Yes <input type="checkbox"/> No	My child's first name may be electronically displayed and published on the GHLL website
<input type="checkbox"/> Yes <input type="checkbox"/> No	My child and family may participate in games that are live-streamed via the web by GHLL.

Signature: _____ Date: _____

Total Buyouts/Extras: \$ _____

League Use Only

New Return

Registration #

Add. Verify

Proof of Residency

No
 Residence
 School
 Returning Player
 Waiver? _____

LL Age

Age Check _____

Birth Certificate

Yes No
 Returning Player

Medical Release

Yes No

Reg. Fees Owed:
 \$ _____

Candy Buyout (\$50)
 Snack Bar BO (\$45)
 Yearbook (\$10)

Total Paid:

\$ _____

Cash
 Check # _____
 Credit Card

Notes:

- 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 has inherent risks and may result in serious injuries and protective equipment does not prevent all injuries to players. I/We do hereby waive, release, absolve, indemnify, and agree to hold harmless Golden Hill 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 the 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.
- I/We agree that our child (candidate) may be required to try out for a team. If such child (candidate) 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 a 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.
- I/We agree to provide proof of legal residence (as defined by Little League Baseball, Incorporated) and age. I/We understand that our child (candidate) 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, such participant and/or team on which he/she participates will be found ineligible, and forfeit(s) and/or suspension of Tournament privileges may be decreed by action of the Charter Committee or Tournament Committee.
- I/We will furnish a certified birth certificate of the above named candidate to League Officials.

Signature: _____ Date: _____