

Player Information – PLEASE PRINT

Player Name		Home Phone			
Street Address		Gender		D.O.B. Birth Certificate on File?	
City / State/ Zip		Email Address			
Is child affiliated with any League Sponsor Yes No		Sponsor Name			
Parent / Guardian Information					
Father/ Guardian Name		Cell Number		Work Number	
Mother / Guardian Name		Cell Number		Work Number	
Medical Emergency Information					
Emergency Contact Name		Phone Number		Relation	
List any Medical Conditions/Allergies					
Select Uniform Size		Jersey		Pants	
Youth: S M L		Adult : S M L XL		Youth: S M L X Adult: S M L X	
<p>I/we the parents of the above named candidate for a position on a NORTH SYRACUSE LITTLE LEAGUE team, hereby give my/our approval to participate in any and all League activities, including transportation to and from the activities. [I/We know that participation in this activity 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 NORTH SYRACUSE LITTLE LEAGUE, Little League Baseball, League Officials, members, 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. I/We agree to return upon request the uniform and other equipment issued to my/our child in as good condition as when received except for normal wear and tear. I/ We will furnish a certified birth certificate of the above named candidate to League Officials.</p>					
Fathers/Guardian's Signature		Date		Mother's/Guardians' Signature Date	
EMERGENCY MEDICAL AUTHORIZATION					
I the undersigned, parent or legal guardian of the participant, a minor, hereby authorize the managers, coaches, or parents of team members acting in the capacity of activity supervisors/vehicle drivers, as my Agents, to consent to medical, surgical or dental examination and/or treatment. In case of emergency I hereby authorize treatment and/or care by any qualified, licensed physician who is available.					
Signed:		Date:		Ins. Carrier: Witness	
Parents / Guardians Experience or Volunteer Interest					
Concession Worker		Field Maintenance		Scorekeeper	
Umpire		Manager		Coach	
Team Mom/Dad		Fund Raising Event Helper		Other	
<u>For Official League Use</u>					
Check Number _____ Cash Amt. _____ Checked By _____ Proof of DOB Doc _____ State _____					
Proof of Residency Document _____					