

Pleasanton American LL

Pleasanton Foothill LL

Pleasanton National LL

**PLEASE PRINT**

**PLAYER REGISTRATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
 Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Player Resides with: \_\_\_\_\_ Both Parents \_\_\_\_\_ Mother only \_\_\_\_\_ Father Only \_\_\_\_\_ Other \_\_\_\_\_  
 Father's Name: \_\_\_\_\_ Address: \_\_\_\_\_ Day Phone: \_\_\_\_\_  
 Mother's Name: \_\_\_\_\_ Address: \_\_\_\_\_ Day Phone: \_\_\_\_\_  
 Cell Phone and Pager #'s \_\_\_\_\_ Email: \_\_\_\_\_

**PREVIOUS YEAR LEVEL (check one)**

None : \_\_\_\_\_ T-ball \_\_\_\_\_ Farm \_\_\_\_\_ Minor A \_\_\_\_\_  
 Minor AA \_\_\_\_\_ Minor AAA \_\_\_\_\_ Majors \_\_\_\_\_ Junior 80 \_\_\_\_\_  
 Junior 90 \_\_\_\_\_ Junior Gold \_\_\_\_\_ Senior \_\_\_\_\_ Big League \_\_\_\_\_  
 Other league/level \_\_\_\_\_

Senior league only:
____ Attending HS Tryouts
____ Playing HS Baseball
____ Interested in Premiere

**FOR AAA AND ABOVE: PAST POSITION(S) PLAYED**

Pitcher: \_\_\_\_\_ Catcher: \_\_\_\_\_ First Base: \_\_\_\_\_ Second Base: \_\_\_\_\_  
 Third Base: \_\_\_\_\_ Short Stop: \_\_\_\_\_ Outfield: \_\_\_\_\_ Right \_\_\_\_\_ Center \_\_\_\_\_ Left

**VOLUNTEER AS (check one or more)**

Manager: \_\_\_\_\_ Coach: \_\_\_\_\_ Umpire: \_\_\_\_\_ Publicity: \_\_\_\_\_ Team Parent: \_\_\_\_\_

Health Plan: \_\_\_\_\_ Group # \_\_\_\_\_ Medication: \_\_\_\_\_

Medical Notes: \_\_\_\_\_

Physician/Telephone: \_\_\_\_\_

Dentist/Telephone: \_\_\_\_\_

Person to notify in an emergency: \_\_\_\_\_ Telephone: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

**IMPORTANT – PLEASE READ**

I/We the parents 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 may result in serious injury, and that protective equipment does not prevent all injuries to players.

I/We do hereby waive, release, indemnify and agree to hold harmless the local Little League, Little League Baseball, Inc., the organizers, sponsors, supervisors, participants, and persons transporting my/our child to and from activities, for any claim arising out of any injury to my/our child whether as a result of negligence or any other cause.

IN CASE OF EMERGENCY, if any family physician cannot be reached, I/We hereby authorize \_\_\_\_\_ to be treated by another physician who is available.

I/We understand fully that insurance provided by the League is secondary to our personal insurance Plan.

I/We will furnish a certified birth certificate for the above-named player to League Officials.

I/We agree to return upon request the uniform and other equipment issued to our child in as good a condition as when received, except for normal wear and tear. Parents are financially responsible at replacement costs for League equipment and uniforms not returned. Cost to parents will be \$40 (except Pee Wee, T-Ball, & Farm).

Dated: \_\_\_\_\_ Signature: \_\_\_\_\_ School \_\_\_\_\_ League Age as of 4/30/09 \_\_\_\_\_

**Fees:**    **\$225** (Jrs/Srs/Big League)    **\$200** (9-12 year-olds)    **\$160** (7-8 year-olds)    **\$100** (5-6 year-olds – T-Ball)  
 (\$25 discount per additional child )

**LEAGUE USE ONLY**

Payment method: \_\_\_\_\_ Check # \_\_\_\_\_ Cash: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

Assigned Level: \_\_\_\_\_ Team: \_\_\_\_\_ Birth Certificate: \_\_\_\_\_