

2012 CASCADE LITTLE LEAGUE PLAYER REGISTRATION

1. Complete this form and Medical Release form with required signatures.
2. Registration must be received or postmarked by March 1st to guarantee a spot with no late fee.
3. T-Ball Division starts later than all other Divisions of play.
4. **All Players** will participate in a Fundraiser unless opt out requested with payment of \$16.

*League Use Only *		
Returning Player	Yes	No
Plan of registering for AllStars	Yes	No
Birth Certificate	Yes	No
Proof of Address as of 2/1/12	Yes	No
Concessions Opt Out	Yes	No
Fundraiser Opt Out	Yes	No
Medical Release Form	Yes	No
Criminal Background Check Form	Yes	No
Cash _____ Check # _____	AMOUNT PAID \$ _____	

Registrations postmarked and received after March 1st are subject to a \$10 late fee

Select	Age as of April 30 th	Division	Other Information	REGISTRATION FEES
	5-7	T-Ball		__ 1. \$65 (Concessions participation not required)
	7-9	AA Minors	1yr T-Ball Required	
	8-10	AAA Minors	Must Tryout	__ 2. \$40 – PLUS – a minimum of two shifts assisting concessions
	10-12	Majors	Must Tryout	
	13-14	Juniors	Must Tryout	__ 1. \$60 – PLUS – Help at Jamboree/Tournament
	14-16	Seniors	Must Tryout	

PLAYER

Last Name	First Name	Gender M F	Birthdate
Address			*Shirt Size* __ Youth Small __ Youth Medium __ Youth Large __ Adult Small __ Adult Medium __ Adult Large
City	State	Zip	
Home Phone	Cell Phone	Email	

PARENT/GAURDIAN

#1 Last Name	First Name	Does Player live with this person? __ Yes __ No	*Volunteer Interests*
Home Phone	Cell Phone	Email	__ Manager __ Coach __ Umpire __ Scorekeeper __ Team Parent __ Board Member __ Field Maintenance __ Other
#2 Last Name	First Name	Does Player live with this person? __ Yes __ No	
Home Phone	Cell Phone	Email	

PARENTAL AGREEMENT FOR PARTICIPATION

1. I/We, the parent(s)/guardian(s) of the above named player, approve of their participation in any and all Little League activities, including transportation to and from these 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 freely release, absolve, indemnify, and agree to hold harmless Cascade 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 the result of negligence or for any other cause, except to the extent and in the amount covered by accident and liability insurance.
3. 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.
4. I/We agree that the above named player may be included in photographs and audio/video highlights which may be used in promotion of Cascade Little League and posted on its website unless a written request to the contrary is received and approved.
5. Unless concessions opt out fee is paid, I/we agree to assist with the concession stand two times (per registered child) during the season and understand that the concession proceeds help with our costs.

Signature of Parent or Legal Guardian _____



MEDICAL RELEASE

NOTE: To be carried by any Regular Season or Tournament Team Manager together with team roster or eligibility affidavit.

Player: _____ Date of Birth: _____ Gender (M/F): _____
Parent (s)/Guardian Name: _____ Relationship: _____
Parent (s)/Guardian Name: _____ Relationship: _____
Player's Address: _____ City: _____ State/Country: _____ Zip: _____
Home Phone: _____ Work Phone: _____ Mobile Phone: _____

PARENT OR GUARDIAN AUTHORIZATION:

In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel. (i.e. EMT, First Responder, E.R. Physician)

Family Physician: _____ Phone: _____
Address: _____ City: _____ State/Country: _____
Hospital Preference: _____
Parent Insurance Co: _____ Policy No.: _____ Group ID#: _____

If parent(s)/guardian cannot be reached in case of emergency, contact:

Name Phone Relationship to Player

Name Phone Relationship to Player

Please list any allergies/medical problems, including those requiring maintenance medication. (i.e. Diabetic, Asthma, Seizure Disorder)

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

Date of last Tetanus Toxoid Booster: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

Signature of parent or Legal Guardian _____

REFUSAL OF MEDICAL RELEASE

I/We decline to accept the terms of the above medical release and agree to hold harmless Cascade Little League, Little League International, the Board of Directors of CLL, the manager or coaches or any other volunteer of CLL for any problems or harm to my/our child which is a direct result of my/our refusal to accept the terms of the above medical release.

Signature of Parent or Legal Guardian _____