

League Sign-Up



BIG LEAGUE PLAYER REGISTRATION Player Information

* First Name

* Last Name

* Street Address

Address Line 2

* City

* State

* Zip Code

* Phone Number

* Player's Email Address:

* Jersey Size

* Jersey Number Preference:
(first-come-first-served)

District 55 Little League reserves the right to disallow numbers

* Gender

Male Female

* Date of Birth

* School Name

* Current Grade In School

* Playing age at start of season
(Must be League Age 16, 17, or 18)

* Residence is within District 55 boundary?

Yes No

Family Information

* Home Phone

* Family Email Address

* Alternate Email Address

* Father's/Legal Guardian Name

* Father's/Legal Guardian Phone

* Father/Legal Guardian Can Help As:

***All volunteer positions are subject to background checks
and to appointment by the District 55 Administrator***

By clicking on any of the items below does not guarantee appointment to the position

- Manager
- Coach
- Team Parent
- Scorekeeper
- Sponsor
- Umpire
- Other

* Mother's/Legal Guardian Name

* Mother's/Legal Guardian Phone

* Mother/Legal Guardian Can Help As:

***All volunteer positions are subject to background checks
and to appointment by the District 55 Administrator***

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- Coach
- Team Parent
- Scorekeeper
- Sponsor
- Umpire
- Other

For ALL volunteers: Each person who wishes to volunteer in the 2010 District 55 Big League program must submit a completed 2010 Volunteer Application along with a government-issued photo identification. You can find the 2010 Volunteer Application at the following link: http://www.littleleague.org/Assets/forms_pubs/VolunteerApp2010_mandatorySSN.pdf.

Please bring both the application and identification copy with you to the document review.

MEDICAL INFORMATION

*** In the event of injury to my/our child**

	May	May Not
Receive necessary first-aid?	<input type="radio"/>	<input type="radio"/>
Receive medical attention by a licensed physician?	<input type="radio"/>	<input type="radio"/>
Be admitted to a hospital?	<input type="radio"/>	<input type="radio"/>

*** Medical release/authorization is on file at which local hospital?**

*** Emergency Contact - Name:**

*** Emergency Contact Phone:**

*** Emergency Contact Relationship to Player:**

*** Medical Insurance Company:**

*** Medical Insurance Policy Number:**

*** Family Physician Name:**

*** Physician Phone Number:**

*** Physician Address:**

*** Physician City:**

CONSENT and RELEASE OF LIABILITY

I/We the parents/guardians of the above named Candidate for a position on a **District 55 Big League** team, hereby give my/our approval to his/her participation in any and all **District 55 Big League** activities during the current season. I/We grant **District 55 Big League** permission to publish my/our child's image and/or name on the **District 55 Big League** public website. I/We assume all risks and hazards incidental to such participation, including transportation to and from such activities. I/We do hereby waive, release, absolve, indemnify, and agree to hold harmless the Manager, the Coaches, the Team, the Umpire(s), and the **District 55 Little League**, including sponsors and other related participants for any claim out of injury to my/our child. I/We are hereby informed all rostered players are covered by an insurance policy in case of accident of medical emergency while participating in an activity sponsored by **District 55 Big League**. I/We further understand that in case of a medical emergency, my own personal plan will be used prior to the insurance provided through **District 55 Big League**.

*** I/We am the parent of the registered player and I/We do so acknowledge that I/We are over the age of 18.**

Yes No

*** My/Our initials indicate acceptance, consent, and release as stated above.**

BIRTH CERTIFICATE

*** I/We understand that in order for our player to be fully registered, I/We must provide an original, certified birth certificate during the in-person document review.**

I/We also understand that California Abstracts of Birth are NOT ACCEPTED. (*Christening/Baptism or Hospital certificates are NOT ACCEPTED*).

 Yes No

PROOF OF RESIDENCY and DOCUMENT REVIEW

I/We acknowledge that proof of residency is required for my/our registered player. Documentation review will be posted on the www.district55.org website and I/We will attend.

"Residence," "reside" and "residing" refers to a place of bona fi de continuous habitation. A place of residence once established shall not be considered changed unless the parents, parent or guardian makes a bona fi de change of residence.

Residence shall be established and supported by documents from THREE OR MORE of the following categories to determine residency of such parent(s) or guardian:

1. Driver's License
2. Voter's Registration
3. School records
4. Welfare/child care records
5. Federal records
6. State records
7. Local (municipal) records
8. Support payment records
9. Homeowner or tenant records
10. Utility bills (i.e., gas, electric, water/sewer, phone, mobile phone, heating, waste disposal)
11. Financial (loan, credit, investments, etc.) records
12. Insurance documents
13. Medical records
14. Military records
15. Internet, cable or satellite records
16. Vehicle records
17. Employment records

Note: Example – Three utility bills (three items from No. 10 above) constitute only ONE document.

*** My/Our initials indicate acceptance with and compliance of the residency requirements.**

REGISTRATION FEES

*** I/We agree to attend the documentation review and to pay \$75.00 (per player) for our player registration fees. I/We acknowledge that my/our player will receive a jersey and baseball hat, but that any additional uniform requirements will be my/our sole responsibility. Team and individual photos will be available at an additional charge.**

- Yes, I agree
- No, I do not agree

*** I/We will bring the following payment method to pay for my/our player's registration fee(s):**

- Check
- Cash

* Indicates Response Required



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