



Lake Forest Little League

APPLICATION TO PLAY LITTLE LEAGUE BASEBALL



PLAYER'S NAME: (Last) (First)		BIRTH DATE: (MM/DD/YY)		LITTLE LEAGUE USE ONLY	
STREET ADDRESS:		HOME PHONE:	GENDER: <input type="checkbox"/> Boy <input type="checkbox"/> Girl	LEAGUE AGE:	DIVISION:
CITY: ZIP:		SCHOOL:	GRADE:	BIRTH CERT #	APPL TYPE: IND. / FAMILY
PLAYER: <input type="checkbox"/> New <input type="checkbox"/> Returning	LAST SPRING DIV: TEAM:	DIVISION PREFERRED: <i>(This is only a request and cannot be guaranteed.)</i> <input type="checkbox"/> Seniors <input type="checkbox"/> Juniors <input type="checkbox"/> Majors <input type="checkbox"/> AAA <input type="checkbox"/> AA <input type="checkbox"/> A <input type="checkbox"/> Coach Pitch <input type="checkbox"/> T-Ball		WAIVER: <input type="checkbox"/> REQUIRED <input type="checkbox"/> ON-FILE Form Verified By: (PRINT LAST NAME)	

Residency OK Players and their parents/guardians are hereby notified that a false statement of residence may lead to ineligibility to play Little League Baseball®.

SIBLINGS IN LITTLE LEAGUE THIS SEASON

NAME	BIRTH DATE	NAME	BIRTHDATE
NAME	BIRTH DATE	NAME	BIRTHDATE

PARENT'S INFORMATION

FATHER'S NAME: (Last) (First)			MOTHER'S NAME: (Last) (First)		
STREET ADDRESS:			STREET ADDRESS:		
CITY: ZIP:			CITY: ZIP:		
PHONE: HOME	WORK	CELL	PHONE: HOME	WORK	CELL
EMAIL: <input type="checkbox"/> Please include on LFL.org Email update list.			EMAIL: <input type="checkbox"/> Please include on LFL.org Email update list.		

CHILD LIVES WITH BOTH FATHER MOTHER OTHER:

REQUIRED PARENTS' VOLUNTARY ACTIVITIES

WITH SIBLING

Please select 3 – in order of preference, 1, 2, 3. For Descriptions of Activities, See www.LFLL.org.

<input type="checkbox"/> MANAGER	<input type="checkbox"/> TEAM PARENT	<input type="checkbox"/> FIELDS MAINTENANCE	<input type="checkbox"/> SUPPORT COMMITTEE
<input type="checkbox"/> COACH	<input type="checkbox"/> UMPIRE*	<input type="checkbox"/> SCOREKEEPER*	<input type="checkbox"/> VOLUNTEER BUY OUT/ SPONSORSHIP \$150
<input type="checkbox"/> SNACK BAR			

*Note: Umpire and Scorekeeper do not apply to T-Ball, Coach Pitch or Single A

LAKE FOREST LITTLE LEAGUE REFUND POLICY

A service fee may apply to a refund, at the discretion of the league, to recover any actual costs incurred by the league prior to a player's withdrawal. NO refund will be issued after the last scheduled league tryout date for those division players subject to tryouts. NO refunds will be issued after February 1st for those division players not subject to tryouts.

PARENT'S PERMISSION AND EMERGENCY MEDICAL FORM

_____ (init.) I/We, the undersigned parent(s) or guardian of the above named child, hereby give my/our approval to this participation in and of all of the activities of Lake Forest Little League ("LFLL") during the current season. I/We assume all risks and hazards incidental to the conduct of the activities, and transportation to and from the activities. I/We do further hereby release, absolve, indemnify and hold harmless LFLL and Little League against the organizers, the sponsors, directors, and any of the supervisors appointed by them. I/We likewise waive, to the extent not covered by liability insurance, any claim against any persons transporting my/our child to or from the activities. I/We will furnish a certified birth certificate of the above named registrant upon request of Little League officials.

_____ (init.) I/We, the undersigned parents, or legal guardian of _____, a minor, do hereby authorize and consent to any X-Ray examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act or a dentist licensed under the Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power to render care which the aforementioned physician, in the exercise of his best judgment may deem advisable, but that any of the above mentioned treatments will not be withheld if the undersigned cannot be reached.

Allergies or other information relating to minor's health:

Emergency Contact Name:

Phone:

Relationship:

Physician's Name:

Phone:

Insurance:

Policy #:

Phone:

MY SIGNATURE BELOW INDICATES THAT I HAVE READ AND ACKNOWLEDGE MY UNDERSTANDING OF THE ABOVE.

Parent / Guardian _____ Date _____



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