



Northern Columbia Little League
PO Box 264, Kinderhook, NY 12106

REGISTRATION FORM

Player Name (first) _____ (last) _____ Birth Date _____

Primary Phone _____ Current Grade Level: _____ Gender: M ____ or F ____

Street Address _____ City/State/Zip _____

Mailing Address _____ City/State/Zip _____

Parent 1 Name _____ Parent 2 Name _____

Phone (H) _____ (M) _____ Phone (H) _____ (M) _____

Email _____ Email _____

Desired Level of Play: (Some levels require participant to earn a spot at a tryout.) Sport: Baseball ____ or Softball ____

____ Rookie Ball (Pre-K) ____ T-Ball (Kindergarten) ____ Intermediate (Grade 1 & 2) ____ Minors (ages 9 to 11)
____ Majors (ages 9 to 12) ____ Juniors (ages 13-14) ____ Seniors (ages 15-16)

Fee Schedule: T-Ball & Rookie Ball, \$50 per child; \$65 per child Intermediate & above; \$130 max per family. *For registrations received after 2/28, add additional \$5 per player.* Scholarships are available. **Make checks payable to NCLL.**

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: _____ Telephone _____ Hospital Preference: _____

Emergency Contact, if parents cannot be reached: _____ Phone (H) _____ (M) _____

Please list any allergies/medical problems, including those requiring maintenance medications. (i.e. Diabetes, Asthma)

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

This information is requested to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

- I, the parent/guardian 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 know that participation in baseball or softball 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 the local Little League, Little League Baseball, Incorporated, the organizers, sponsors, supervisors, participants, and persons transporting my/our child to and from activities from any claim arising out of any injury to my/our child whether the result of negligence or for any cause.
- I agree to return the uniform and other equipment issued to my/our child in as good conditions as when received except for normal wear and tear.
- I agree that our child (candidate) may be required to try out for a team. If such does not attend at least 50 percent of the tryouts, local Board of Directors' approval is required for such candidate to be placed on a team.
- I agree to provide proof of legal residence (as defined by Little League Baseball, Incorporated) and age. I understand that our child (candidate) must be eligible under the residence and age regulations of Little League Baseball, Incorporated, to participate in this Local League, and that if any controversy arises regarding residence and/or age, the decision of the Charter Committee in Williamsport shall be final and binding. I/We further understand that if any participant on a Little League team does not qualify for participation in the league based on residence (as defined by Little League Baseball, Incorporated) and/or age, such participant and/or team on which he/she participates be found ineligible and forfeit(s) and/or suspension of Tournament privileges may be decreed by action of the Charter Committee or Tournament Committee.
- I will furnish a certified birth certificate of the above-named candidate to League Officials, upon request.
- Unless checked at right, I authorize the release of game photos featuring my child to the local media. No Photo Release _____

Parent/Guardian Signature _____ Date _____