



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

## FALL BALL REGISTRATION FORM

Player Name (first) \_\_\_\_\_ (last) \_\_\_\_\_ Birth Date \_\_\_\_\_

Street Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Parent 1 \_\_\_\_\_ Parent 2 \_\_\_\_\_  
Name \_\_\_\_\_ Name \_\_\_\_\_

Phone (H) \_\_\_\_\_ (M) \_\_\_\_\_ Phone (H) \_\_\_\_\_ (M) \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

Level of Play: \_\_\_\_\_ Sport: Baseball \_\_\_\_\_ or Softball \_\_\_\_\_

- \_\_\_\_\_ Intermediate (Those who were already in the intermediate level or T-Ball level this season; Grades 1 & 2)
- \_\_\_\_\_ Minors (Those who were already in the minor level this season or will be attempting to move up next spring; Grades 3 & 4)
- \_\_\_\_\_ Majors (Those who were already in the majors this season or will be attempting to move up next spring; Grades 5, 6 & 7)
- \_\_\_\_\_ Juniors (Those who were already in the juniors this season or will be attempting to move up next spring)
- \_\_\_\_\_ Seniors (Those who were already in the seniors this season or will be attempting to move up next spring)

Fee Schedule: \$20 for Intermediate & Minors; \$30 for Majors, Juniors & Seniors. Scholarships are available, contact a league official if this is a financial burden. **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
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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 \_\_\_\_\_