



# Thunderbird Little League Player Registration Form



Date:

<b>Player Name:</b>		<b>Season:</b> Fall <input type="checkbox"/> Spring <input type="checkbox"/>	
<b>Street Address:</b>		<b>Birth Date:</b>	
<b>City:</b>	<b>Zip:</b>	<b>Gender:</b>	
<b>Home Phone:</b> (    )		<b>League Age:</b> (Age as of 4/30/10)	
<b>Division Levels:</b> Tball: 5-6   Farm: 6-8   Minors: 8-11   Majors: 10-12   Juniors: 13-14   Seniors: 15-17			
<b><u>Parent #1:</u></b>		<b><u>Parent #2:</u></b>	
<b>Name:</b>		<b>Name:</b>	
<b>Address:</b>		<b>Address:</b>	
<b>Phone:</b>		<b>Phone:</b>	
<b>E-mail:</b>		<b>E-mail:</b>	
<b>Occupation:</b>		<b>Occupation:</b>	
<b>***Yes - I / We recognize that TBLL is a non profit volunteer program and would like to assist the league in assuring a positive experience for our children.</b>		<b>I / We would like to help by volunteering as:</b>	
		<b>Coach</b> <input type="checkbox"/> <b>Manager</b> <input type="checkbox"/> <b>Team Parent</b> <input type="checkbox"/>	<b>Field Prep</b> <input type="checkbox"/> <b>Concession</b> <input type="checkbox"/> <b>Board Member</b> <input type="checkbox"/> <b>Other:</b> <input type="checkbox"/>

Little League®

Baseball and Softball

Medical Release

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)

In case of emergency contact:

\_\_\_\_\_

Name & Phone

\_\_\_\_\_

Relationship to Player \_\_\_\_\_

Date of Last Tetanus Shot: \_\_\_\_\_

Signature

**NOTE: To be carried by any**

**Regular Season or Tournament**

**Team Manager together with team**

**roster or eligibility affidavit**

Family Physician: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Please list any allergies/medical problems, including those requiring maintenance medication.

\_\_\_\_\_

\_\_\_\_\_

Date



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### Parent / Guardian Agreement

\_\_\_\_\_ 1. I / We, the parents/guardians 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.

\_\_\_\_\_ 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 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 other cause.

\_\_\_\_\_ 3. I / We will furnish a certified birth certificate of the above-named candidate to League Officials.

\_\_\_\_\_ 4. I / We agree that our child (candidate) may be required to try out for a team. If they do not attend the tryouts, the TBLL Player Agent will place them on a team, and the player will not be eligible for the All-Star Tournament Play.

\_\_\_\_\_ 5. I / We understand that our child (candidate) may be chosen at anytime to play on a higher Division team, if he or she is of the correct age for such division as determined by the local league and Little League Baseball. Declining to move up to a higher division team will result in forfeiture of eligibility for the higher division for the current season, and may be subject to further restrictions by the local league.

\_\_\_\_\_ 6. I / We agree to provide proof of legal residence (as defined by Little League Baseball, Incorporated) and age. I / We 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.

FOR BOARD USE ONLY			
	Uniform Size: YXS <input type="checkbox"/> YS <input type="checkbox"/> YM <input type="checkbox"/> YL <input type="checkbox"/> YXL <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL <input type="checkbox"/> AXL <input type="checkbox"/> AXXL <input type="checkbox"/>		
<b>Tryout Time &amp; Number:</b>			
<b>Proof of Residency</b>	<input type="checkbox"/>		
<b>Birth Certificate</b>	<input type="checkbox"/>	<b>Amount Paid:</b> _____	
<b>Medical Release Signed</b>	<input type="checkbox"/>	<b>Fund Raiser:</b> _____	
<b>Division Waiver</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Balance Due:</b>	
		Check <input type="checkbox"/> Cash <input type="checkbox"/>	
<b>Player's School:</b>			
<b>Level Assigned:</b>		<b>Team:</b>	



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## UNIFORM and TROPHY FORM

Player's Name \_\_\_\_\_

**(Please print clearly, this is how your child's name will appear on their trophy)**

**Contact Information:**

Home: (\_\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Shirt Size:  
(Circle one)

Youth:

X-Small   Small   Medium   Large   X Large

Adult:

Small   Medium   Large   X-Large   XX-Large

-----Do not Write Below This Line-----

Division/Team: \_\_\_\_\_

Shirt Number: \_\_\_\_\_

Trophy Received



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# Code of Conduct

Spring 2010 Season

**Thunderbird Little League** has adopted a **ZERO** tolerance policy when it comes to violations of the Code of Conduct. Any violation of the Code of Conduct during the spring 2010 season can result in player, parent, or guest being asked to leave the field during a practice or game. *Any board member or umpire has the authority to enforce this rule.*

By signing this document you accept any and all responsibility for you and those of your guests while at Thunderbird Little League fields.

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Players' name

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Parents' signature- one signature covers both parents

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Date