☐ **Pleasanton American LL** ☐ **Pleasanton Foothill LL** ☐ **Pleasanton National LL**

PLEASE PRINT

PLAYER REGISTRATION

Last Name:_____ First Name:_____ Birthdate: _____

Street: _____ City: _____ Zip: _____ Phone: _____

Player Resides with: _____ Both Parents _____ Mother only ____ Father Only _____ Other _____

Father's Name: _____ Address: _____ Day Phone:_____

Mother's Name: _____ Address: _____ Day Phone:_____

Cell Phone and Pager #'s _____ Email: _____

PREVIOUS YEAR LEVEL (check one)

None : _____ T-ball ____ Farm _____ Minor A _____
Minor AA _____ Minor AAA _____ Majors _____ Junior 80 _____
Junior 90 _____ Junior Gold _____ Senior _____ Big League _____
Other league/level _____

Senior league only:
____ Attending HS Tryouts
____ Playing HS Baseball
____ Interested in Premiere

FOR AAA AND ABOVE: PAST POSITION(S) PLAYED

Pitcher: _____ Catcher: _____ First Base: _____ Second Base: _____
Third Base: _____ Short Stop: _____ Outfield: _____ Right ____ Center ____ Left

VOLUNTEER AS (check one or more)

Manager: ____ Coach: _____ Umpire: ____ Publicity: _____ Team Parent: _____

Health Plan:_____ Group #_____ Medication:_____

Medical Notes: _____

Physician/Telephone: _____

Dentist/Telephone: _____

Person to notify in an emergency: _____ Telephone: _____

Additional Comments: _____

IMPORTANT – PLEASE READ

I/We the parents 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/We know that participation in baseball may result in serious injury, and that protective equipment does not prevent all injuries to players. I/We do hereby waive, release, indemnify and agree to hold harmless the local Little League. Little League Baseball, Inc., the organizers, sponsors, supervisors, participants, and persons transporting my/our child to and from activities, for any claim arising out of any injury to my/our child whether as a result of negligence or any other cause.

IN CASE OF EMERGENCY, if any family physician cannot be reached, I/We hereby authorize _____ to be treated by another physician who is available.

I/We understand fully that insurance provided by the League is secondary to our personal insurance Plan.

I/We will furnish a certified birth certificate for the above-named player to League Officials.

I/We agree to return upon request the uniform and other equipment issued to our child in as good a condition as when received, except for normal wear and tear. Parents are financially responsible at replacement costs for League equipment and uniforms not returned. Cost to parents will be $40 (except Pee Wee, T-Ball, & Farm).

Dated: _____ Signature: _____ School _____ League Age as of 4/30/10 _____

Fees: ***$225*** *(Jrs/Srs/Big League)* ***$200*** *(9-12 year-olds)* ***$160*** *(7-8 year-olds)* ***$100*** *(5-6 year-olds – T-Ball)*
($25 discount per additional child)

LEAGUE USE ONLY

Payment method: *Check #*_____ *Cash:* _____ *Amount Paid:* _____
Assigned Level: _____ *Team:* _____ *Birth Certificate:* _____