



Portland Bayside Little League

P.O. Box 10586
Portland, Maine 04104
207-619-0552

2010 Player Registration Form
Circle or **Bold** responses where appropriate



Player Name: _____
 Last First MI
Street Address: _____ **Zip Code:** _____
Primary Phone #: _____ **Date of Birth:** _____ **Years Experience:** ____ **Hand Use:** Left Right
League Age: Baseball/T-Ball - Age as of 4-30-10: _____ Softball – Age as of 12-31-09: _____
E-Mail Address: _____ **Gender:** Male Female
Level of division desired for 2010: T-Ball *Softball:* CC""CCC Majors JR/SR *Baseball* AA AAA Majors JR/SR
Last year's division and team: _____ **My child will tryout for*:** Majors Baseball Majors Softball
School: _____ **Grade:** _____ **Shirt Size:** _____ **Comments:** _____

Parent /Guardian#1 Mother Step-Mother Father Step-Father Legal-Guardian
Are you willing to help our kids and be a Little League Volunteer? Yes No (If yes please fill out a volunteer form)
Name: _____
Occupation: _____ **E-mail:** _____
Work Phone #: _____ **Cell Phone #:** _____

Parent /Guardian#2 Mother Step-Mother Father Step-Father Legal-Guardian
Are you willing to help our kids and be a Little League Volunteer? Yes No (If yes please fill out a volunteer form)
Name: _____ **Player Lives With:** Y N
Street Address: _____ **Zip Code:** _____
"(if different from player)"
Occupation: _____ **E-mail:** _____
Home Phone #: _____ **Work Phone #:** _____ **Cell Phone #:** _____

Consent and Release

- 1) I, the parent/guardian of the above named child, hereby give my approval to participate in any and all Little League activities and functions.
- 2) 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, indemnify and agree to hold harmless Portland Bayside Little League, Little League Baseball Inc., organizers, sponsors, supervisors, managers, coaches, participants and transporters from any claim arising out of any injury to my child whether the result of negligence of the releasees or for any other cause.
- 3) I agree to return upon request the uniform and any other equipment issued to my child in as good condition as when received except for normal wear and tear and agree to pay the fair value of the item if not returned in said condition.
- 4) I agree and understand that my child may be required to try out for a team at the Majors, Juniors, or Seniors Division level and that if my child does not attend a try out, Board of Directors' approval may be required for my child to be placed on a Majors, Juniors, or Seniors Division team.
- 5) I agree to provide proof of legal residence and age. I understand that my child must be eligible under the residence and age regulations of Little League Baseball to participate and that if controversy arises regarding residence and/or age, the decision of the Charter Committee in Williamsport, PA shall be final and binding. I understand that if my child does not qualify for participation in the league based on residence and/or age, my child and/or the team on which he/she participates may be found ineligible and forfeit any tournament privileges as decreed by action of the Charter or Tournament Committee.
- 6) I will furnish a certified Birth Certificate of my child to League Officials if requested.

Signature: _____ **Date:** _____

League Use Only

Date: ____/____/2010 **Location or Mail:** _____ **Processor's name:** _____
Payment: Cash \$ _____ Check \$ _____ # _____ **Birth Cert:** Y N **Residency:** Y N **Med Release From:** Y N
Waiver Needed: Y N **Level Assigned:** _____ **Team:** _____

*Residence Verification Documents: insurance/utility bill/cable bill/federal, state, city records