



Sugar Land Little League Fall 2010 Registration Form

League Age: _____

Uniform Shirt Size: _____

Uniform Pant Size: N/A

Player Information

Full name			
Birthdate (mm/dd/yyyy)		Sex	
Home address			
Subdivision			
School		Grade	
Home Phone			

Mother's Information

Full name			
Home Address	<input type="checkbox"/> Same as Player		
Home Phone	<input type="checkbox"/> Same as Player		
Mobile Phone			
Email Address			
Volunteer? How?			

Father's Information

Full name			
Home Address	<input type="checkbox"/> Same as Player		
Home Phone	<input type="checkbox"/> Same as Player		
Mobile Phone			
Email Address			
Volunteer? How?			

Emergency and Medical Information

Emergency contact #1		Phone	
Emergency contact #2		Phone	
Doctor's name		Phone	
Dentist's name		Phone	
Medical insurance Carrier		Policy #	

We, the parents of the named candidate for a position on a Little League team, know that participation in baseball may result in serious injuries and protective equipment does not prevent all injuries to players and do hereby wave, release, indemnify and agree to hold harmless Sugar Land 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 the result of negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance. In case of emergency, if a family physician cannot be reached, I hereby authorize my/our child to be treated by another available physician. We agree to hold the City of Sugar Land harmless from any claim of any type, including personal injury or property damage, arising out of my child's participation in any Little League activity or use of facilities therewith.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

LEAGUE USE ONLY

Registration Date: _____ FEE \$ _____ Cash Check # _____ TEAM NAME: _____ DIVISION: TB PW MN MJ