

North Metro Little League Player Registration Form

Player Information

Name: _____
 Birth-date: ____/____/____
 Grade: ____ Male Female
 Address: _____
 City: _____ Zip: _____
 School: _____

Player's Medical Information

Physician: _____
 Phone: _____
 Insurance Carrier: _____
 Policy/Group ID: _____

Player's Dental Information

Dentist: _____
 Phone: _____
 Insurance Carrier: _____
 Policy/Group ID: _____
 Dental Insurance Same as Medical

Uniform Size: Adult Youth Small Med Large XL Other ____
 Previous NMLL Player: Yes No
 If Yes, which team/coach: _____

Please list any allergies or otherwise notable medical problems or conditions of the player: _____

Parent (Primary Point of Contact)

Name: _____
 Home Phone: ____-____-____
 Cell Phone: ____-____-____
 Email: _____
 Preferred Method of Contact:
 Home Phone Cell Phone Email
 League Volunteer

Parent (Secondary Contact)

Name: _____
 Home Phone: ____-____-____
 Cell Phone: ____-____-____
 Email: _____
 Preferred Method of Contact:
 Home Phone Cell Phone Email
 League Volunteer

Emergency Contact

Name: _____
 Phone: ____-____-____
 Relationship to player: _____
 League Volunteer
 Note: In the event of an emergency and we are unable to reach you at any phone number provided, we will try your emergency contact.

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 the 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 are 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 any other cause.
3. I/We agree to return upon request the uniform and other equipment issued to my/our child in as good conditions as when received except for normal wear and tear.
4. I/We agree that our child (candidate) may be required to try out for a team. If such does not attend at least 50% of the tryouts, local Board-of-Directors approval is required for such candidate to be placed on a team.
5. I/We understand that our child (candidate) may be chosen at any time to play on a Major 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 such Major Division team will result in forfeiture of eligibility for the Major 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 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.
 - Note: Parents are responsible for providing proof of residence before league activities begin and must be within established boundaries set by Colorado District 2 Little League. See <http://www.nml.org/boundaries/> for details on NMLL boundary information.
7. I/We will furnish a certified birth certificate of the above named candidate to League officials.

Please initial if NMLL has your permission to use your child's likeness for marketing materials, including photographs, audio and video during games, practices and sponsored events for marketing purposes including, but not limited to our leagues websites. Parents initials: _____

Parent/Guardian Signature: _____ Date: ____/____/____
 Parent/Guardian Name (Printed) _____

NMLL LEAGUE USE ONLY

Registration Year: _____ In Boundaries: Yes No Birth Certificate: Yes No Proof of Residence: Yes No Medical Release: Yes No
 League Age: _____ Division: _____ Payment Amount: _____ Payment Type: Cash Charge Check (number) _____