

# APPLICATION TO PLAY LITTLE LEAGUE

FOR LOCAL LEAGUE USE ONLY (PLEASE PRINT)

LEAGUE USE ONLY:

LEAGUE AGE \_\_\_\_\_

Paid \$ \_\_\_\_\_ Check # \_\_\_\_\_

## Vine Ingle Little League

\_\_\_\_\_ Male \_\_\_ Female \_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_  
Player's Name Month Day Year

\_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Street Address City State Zip Home Phone

Participation in Little League baseball requires the ability to run, throw, and swing a bat and catch. Additionally, participation requires the capacity to understand the rules of the game. Does your child have any current conditions that limit his/her ability to participate in this activity? \_\_\_Yes\_\_\_No  
If "yes", please explain and identify any modification that would enable your child to participate:

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Please provide information about allergies or medical conditions that the team should have in case of emergency:

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I/We, the parents of the above named candidate for the 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 activities.

I/We know that participation in baseball 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, Inc., the organizers, sponsors, participant board members, 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 or negligence or for any other cause, except the extent and in the amount covered by accident or liability insurance.

Parents/Guardian signature(s): \_\_\_\_\_

Father/Guardian Name(s) \_\_\_\_\_

Mother/Guardian Name(s) \_\_\_\_\_

Name of Families Hospitalization Plan: \_\_\_\_\_ School \_\_\_\_\_

Work Phone # (DAD) \_\_\_\_\_ Work Phone # (MOM) \_\_\_\_\_

Cell Number (DAD) \_\_\_\_\_ Cell Number (MOM) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Emer. Number \_\_\_\_\_

E-mail \_\_\_\_\_

***Little League Baseball does not limit Participation in its activities on the basis of disability***  
I would like to show my support of Vine Ingle Little League by volunteering in the following capacity (Choose as many as you can):

- \_\_\_\_\_ Saturday work to help prepare the fields prior to season
- \_\_\_\_\_ Manage/Coach
- \_\_\_\_\_ Announce/Keep Score
- \_\_\_\_\_ Work in concession stand
- \_\_\_\_\_ Team Sponsor
- \_\_\_\_\_ Tax-Deductible Donation

Signed: \_\_\_\_\_

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