

TEAM ASSIGNED TO _____
DIVISION _____

TRYOUT PLAYER	
AGE GROUP _____	SHIRT# _____

RETURNING PLAYER? YES OR NO _____
DIVISION _____
IF RETURNING-TEAM ON LAST YEAR _____

LEAGUE USE ONLY DO NOT FILL IN ABOVE

SOUTHWEST LITTLE LEAGUE

PLEASE PRINT FIRMLY

PLAYER NAME _____ MALE _____ FEMALE _____

ADDRESS _____ (CITY, STATE, ZIP) _____

PHONE _____ BIRTHDATE _____ LEAGUE AGE _____
(AS OF APRIL 30TH)

PARENT#1 NAME _____ PHONE _____

CELL# _____ E-MAIL _____

PARENT#2 NAME _____ PHONE _____

CELL# _____ E-MAIL _____

EMERGENCY	PHONE	RELATIONSHIP
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I/we the parents of the above named candidate for a position on a Little League team, hereby give my approval to participate in any and all Little League activities, including transportation to and from the activities.

I/We, know that participation in baseball or softball may result in serious injuries and protective equipment does not prevent all injuries to player and do hereby waive, release, absolve, indemnify and agree 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 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.

I/We agree to return upon request the uniform and other equipment issued to my/our child in as good condition as when received except for normal wear and tear.

I/We will furnish a certified birth certificate of the above named candidate to League Officials.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

LEAGUE USE ONLY

DOCUMENTS RECEIVED: _____ BIRTH CERTIFICATE
_____ 3 PROOFS OF RESIDENCY
(MUST BE FROM 3 DIFFERENT CATEGORIES)
_____ REGISTRATION FEE
_____ RECEIPT NUMBER
_____ MEDICAL RELEASE

CANDY BUYOUT? YES OR NO

Each player must sell 2 boxes of candy if not buying out

IF YES, _____ RECEIPT NUMBER