



# TENNYSON AMERICAN LITTLE LEAGUE

## Registration Form

☐ New Player  
☐ Returning  
Player

☐ Male  
☐ Female

### Player Information (Please print - press HARD)

Date of Birth \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Initial \_\_\_\_\_

Address \_\_\_\_\_ Email: \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ School \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Father/Guardian Name \_\_\_\_\_ Mother/Guardian Name \_\_\_\_\_

Person to contact in case of Emergency \_\_\_\_\_ Phone \_\_\_\_\_

Family Physician / Phone \_\_\_\_\_ Hospital Preference \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ Policy / ID Number \_\_\_\_\_

List any Medical Problems or Restrictions Player has \_\_\_\_\_

### IMPORTANT - PLEASE READ

As parent/guardian of the above named person, I hereby give my approval to his/her participation in any and all Little League activities during the season. I assume all risks incidental to such participation. I do hereby waive and release Tennyson - American Little League, the organizers, sponsors, and participants for any claim arising out of an injury to my child, except the amount and extent covered by accident/liability insurance. I hereby authorize Tennyson - American Little League to consent to any medical / surgical treatment which is deemed advisable by a physician. It is understood that this authorization is given in advance of any treatment required. This authorization is in effect through the season, or unless it is revoked in writing, and delivered to the League.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Parent Participation

Active participation from parents is necessary to have a successful Little League program. Please check the following activities in which you wish to participate this year:

- |                                      |                                      |  |  |
|--------------------------------------|--------------------------------------|--|--|
| <input type="checkbox"/> Manager     | <input type="checkbox"/> Umpire      | <input type="checkbox"/> Team Sponsor      | <input type="checkbox"/> Fund Raiser Suggestions |
| <input type="checkbox"/> Coach       | <input type="checkbox"/> Scorekeeper | <input type="checkbox"/> Field Maintenance | <input type="checkbox"/> Committee Manager       |
| <input type="checkbox"/> Team Parent | <input type="checkbox"/> Snack Bar   | <input type="checkbox"/> Fund Raisers      | <input type="checkbox"/> Other _____             |

**\*\*Note:** All those interested in managing, coaching or umpiring must complete a separate application.

### League Use Only

Tryout Dates \_\_\_\_\_

League Age \_\_\_\_\_ Team \_\_\_\_\_ Division \_\_\_\_\_

Birth Certificate Verified ☐ Proofs of Residency ☐ ☐ ☐

Address Verified ☐ Total Registration ☐ Total Volunteer ☐

League Representative

Date

Check # \_\_\_\_\_

Shirt Size

CASH (circle)



# LITTLE LEAGUE® BASEBALL AND SOFTBALL MEDICAL RELEASE



**NOTE:** To be carried by any Regular Season or Tournament Team Manager together with team roster or International Tournament Affidavit.

Player: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender (M/F): \_\_\_\_\_

Parent(s)/Legal Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Parent(s)/Legal Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Player's Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Country: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

**PARENT OR LEGAL GUARDIAN AUTHORIZATION:** \_\_\_\_\_ Email: \_\_\_\_\_

In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, E.R. Physician).

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Country: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Parent Insurance Co.: \_\_\_\_\_ Policy No.: \_\_\_\_\_ Group ID#: \_\_\_\_\_

League Insurance Co.: \_\_\_\_\_ Policy No.: \_\_\_\_\_ League/Group ID#: \_\_\_\_\_

**If Parent(s)/Legal Guardian cannot be reached in case of emergency, contact:**

Name	Phone	Relationship to Player
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Name	Phone	Relationship to Player
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Please list any allergies/medical problems, including those requiring maintenance medication (i.e. Diabetic, Asthma, Seizure Disorder).

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

Date of last Tetanus Toxoid Booster: \_\_\_\_\_

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

Mr./Mrs./Ms. \_\_\_\_\_  
Authorized Parent/Legal Guardian Signature Date: \_\_\_\_\_

## FOR LEAGUE USE ONLY:

League Name: \_\_\_\_\_ League ID: \_\_\_\_\_

Division: \_\_\_\_\_ Team: \_\_\_\_\_ Date: \_\_\_\_\_

**WARNING: PROTECTIVE EQUIPMENT CANNOT PREVENT ALL INJURIES A PLAYER MIGHT RECEIVE WHILE PARTICIPATING IN BASEBALL/SOFTBALL.**

Little League does not limit participation in its activities on the basis of disability, race, color, creed, national origin, gender, sexual preference or religious preference.

## **Tennyson American Little League Code of Conduct Agreement**

I have read the Code of Conduct for Tennyson American Little League (T.A.L.L.). I understand and agree to live up to this Code of Conduct, I also understand that failure to do so can and will result in disciplinary action given by the T.A.L.L. Board of Directors and failure to comply may result in my removal from the league.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
T.A.L.L. Board of Directors Signature

\_\_\_\_\_  
Date

## **League Fundraiser Agreement**

I, \_\_\_\_\_, agree to participate in all Tennyson American Little League fundraising requirements throughout the season. By either participating in the sale of products or the buyout option of paying \$100, If I do not participate in and/or all required fundraising terms set by T.A.L.L. then; I understand that my child will not be permitted to play any games. They will be dismissed from the league until fundraiser requirements have been completely fulfilled.

\_\_\_\_\_  
Players Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Print your name