



2012 PLAYER



APPLICATION

Registration Number: _____
 Has Birth Certificate _____
 Been Verified?: _____
 Is Player New to League?: _____

Tickets * / Buyout

* If you choose to sell the tickets, the money (\$50) will be due up front at registration.

Ticket Number(s): _____

BASEBALL / SOFTBALL

Level of Play: _____

School: _____

Enter all 10 numbers

Home Phone: _____

Sex: _____ League Age: _____

Softball - as of 31-Dec-2011
 Baseball - as of 30-Apr-2012

Date of Birth: _____

Parent 1 Cell Phone: _____

Parent 2 Cell Phone: _____

Players Name: _____

First M.I. Last

Address: _____

City: _____

State: _____ Zip: _____

Player's e-mail: _____

Only if unique to player

Please make any necessary additions or corrections to the information above and sign.

I/We, the parents of the above named candidate for a position on an Exeter Township Little League team, hereby give my/our approval to participate in any and all Little League activities, including transportation to and from the 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 Exeter Township Little League, Little League Baseball Incorporated, the organizers, sponsors, 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.

I/We agree to return upon request the uniform and other equipment issued to my/our child in as good a 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 to verify the candidates date of birth.

Parent(s) or Guardian(s) Approval/Information

Printed Name Occupation Signature Date e-mail

Printed Name Occupation Signature Date e-mail

Please indicate any physical limitations (allergies, hearing, sight, etc.): _____

Name of family hospitalization plan: _____

Additional Information or requests: _____

ALL NEW PLAYERS MUST PRESENT BIRTH CERTIFICATE AT REGISTRATION - \$20.00 LATE FEE CHARGED AFTER REGULAR REGISTRATION

Every effort will be made to honor requests at the younger levels. Requests cannot, however, be honored at the AA and above levels due to the team selection process at those levels. Refunds provided if requested, or if player experiences a season-ending injury/illness prior to the first scheduled team practice.