

BASEBALL

SOFTBALL

GREAT KILLS LITTLE LEAGUE

2024 Registration Form

Player Information. Please print clearly.

Last Name:			Date of Birth:	Birth Cert. on file: Y N
First Name:			Gender: M F	Age:
Address:			School:	Grade:
City:	State:	Zip:	Is child affiliated with any Little League Sponsor: Y N	
			Sponsor:	

Father/Guardian:	Cell #:	Occupation:
Email:	Home #:	Employer:
Mother/Guardian:	Cell #:	Occupation:
Email:	Home #:	Employer:
Emergency Contact: (Other than parent/guardian)	Phone #:	Relation:

List any medical conditions/allergies:

WAIVER OF LIABILITY AND PHOTO RELEASE

I assume all risks and hazards incidental to such participation in all Great Kills Little League activities, including transportation to and from the activities. I represent that my child is medically cleared to participate in all league activities and is and will be covered by adequate hospital and medical insurance. I hereby waive, release, absolve, indemnify and agree to hold harmless the GKLL, Little League Baseball, League Officials, members, organizers, sponsors, coaches, participants and persons transporting my child to and from activities for any claim arising out of any injury to my child whether the result of negligence or for any other cause. I will be liable for all league uniforms and equipment issued to my child that is damaged due to negligence, alterations or if not returned. A certified birth certificate and proof of address will be provided to League Officials, in addition, I understand that my child will not be placed on a team if there are any outstanding fees. Furthermore, I hereby give the Great Kills Little League permission to use my child's likeness, photograph or video on their website or any other media for the promotion of league activities and it is further understood that there will be no compensation for the use of such images which are the property of GKLL.

EMERGENCY MEDICAL AUTHORIZATION AND RELEASE FOR COMMUNICABLE DISEASES WAIVER

I hereby authorize managers, coaches or parents of team members acting in the capacity of activity supervisors/vehicle drivers, as my Agents, to consent to medical, surgical or dental examination and/or treatment. In case of emergency, I hereby authorize treatment and/or care by any qualified, licensed physician who is available. Regarding communicable diseases, I knowingly and freely assume all risks of possible exposure and illness from infectious diseases to myself and my child. I agree to comply with the customary terms and conditions for participation as regards protection against infectious diseases. I, for myself and on behalf of heirs, hereby release and hold harmless GKLL and everyone associated with the League.

CODE OF CONDUCT

I agree to abide by all GKLL rules, guidelines and policies. I understand that if either my child or I act in a manner in opposition or violation to any GKLL policies, my child and or I will be banned from all further participation in the GKLL. I will also monitor the behavior of any relatives or friends who come to watch my child play and make certain that they are aware that improper conduct will result in their expulsion and possibly the expulsion of my child.

I AGREE TO ALL OF THE ABOVE TERMS AND CONDITIONS:

Parent/Guardian Signature: _____ Date: _____

Paid \$ _____ CK# _____ Name on Ck if different: _____

Cash C/C Sibling 1 _____ Sibling 2 _____

Balance Due: \$ _____ Balance Paid \$ _____ Date: _____

Volunteer Interest: Manager: _____ Coach _____

Proof of Birth _____ Proof of Residence/school _____

Division: _____ Team: _____

Checked By:

Notes: