

FTLL 2012 Registration Form

PLAYER INFORMATION

SHIRT SIZE

Player's First Name: _____ Player's Last Name: _____
Player's Address: _____ City, State, Zip _____
Player's DOB: _____ (mm/dd/yy) Age: _____
School: _____ League Age: _____ Confirmed by: _____
Did player play last year? Yes No If yes, what team/league: _____

Are you willing to: (Circle) **MANAGE** **COACH** Other: _____

PARENT/ FAMILY INFORMATION

Parent #1 First Name: _____ Parent #1 Last Name: _____
Parent #1 Phone # _____ E-mail Address: _____
Parent #2 First Name: _____ Parent #2 Last Name: _____
Parent #2 Phone #: _____ E-mail Address: _____
Parent #2 Address: _____ City, State, Zip _____
Does the player have a sibling playing in the league (FTLL)? Yes No If yes,
Sibling First Name _____ Last Name _____ Age _____
Sibling First Name _____ Last Name _____ Age _____

I/We, the parents/guardian of the above-named player, hereby give my/our approval to participate in any and all Franklin Township Little League (FTLL) activities. I/We assume all risk and hazards incidental to such participation including transportation to and from the activities; and I/We do hereby waive, release, absolve, indemnify and agree to hold harmless the local little league, Little League Baseball, Inc., the organizers, sponsors, supervisors, participants, and persons transporting my/our child to and from activities for any claim arising out of an 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/or 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, if required, a certified birth certificate of the above player to league officials.

Parent/Guardian Signature _____ Date _____

Health Insurance _____ Policy/Group # _____

Does the player have any health conditions that we should know about? Yes No

If yes, please explain: _____

I have reviewed the application and supporting proof-of-age document and find both to be in accordance with Little League rules and regulations.

League Representative

Date

Amount Rec'd. \$ _____ Cash _____ Check _____ Check# _____