



SUPERIOR LITTLE LEAGUE REGISTRATION FORM

FOR LEAGUE USE ONLY:	
Birth Certificate: Yes/No	Residency: Yes/No
Medical Release: Yes/No	Payment Plan: Yes/No
Tryout: Yes/No	League Age: _____
Team: _____	Division: _____
Cash: _____	Check #: _____ Amount: \$ _____
Receipt# _____	Taken By: _____

Player First Name	Last	Birthdate
(NO PO BOX, must match proofs of residency)		
Physical Address		City/State/Zip

Parent/Guardian Name	Parent/Guardian Name
Parent or Guardian MUST be listed on birth certificate or provide supporting documentation	

Phone Number #1 ()	H/C/W	Phone Number #2 ()	H/C/W
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Primary Email	Alternate Email
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Emergency Contact (NOT LISTED ABOVE)	Phone Number ()	H/C/W
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PLEASE PLACE AN "X" NEXT TO PREFERRED PLAYING DIVISION

DIVISION	LEAGUE AGE	DIVISION	LEAGUE AGE	CIRCLE ONE									
<input type="checkbox"/> MINOR BASEBALL	7 - 11	<input type="checkbox"/> T-BALL	4 - 7	Shirt Size	YS	YM	YL	YXL	AS	AM	AL	AXL	
<input type="checkbox"/> MAJOR BASEBALL	9 - 12	<input type="checkbox"/> MAJOR SOFTBALL	9 - 12	Pant Size	YXS	YS	YM	YL	YXL	AS	AM	AL	AXL
<input type="checkbox"/> JR/SR BASEBALL	13 - 16	<input type="checkbox"/> SENIOR SOFTBALL	13 - 16										

1st child \$45, 2nd \$35, \$10 each additional IN SAME HOUSEHOLD

Consent and Acknowledgement:

- I/We agree to provide proof of legal residence (as defined by Little League Baseball, Incorporated) and age. I/We understand that our child (candidate) must be eligible under the residence and age regulations of Little League Baseball, Incorporated, to participate in this Local League and that if any controversy arises regarding residence and/or age, the decision of the Charter Committee in Williamsport shall be final and binding. I/We further understand that if any participant on a Little League team does not qualify for participation in the league based on residence (as defined by Little League Baseball, Incorporated) and/or age, such participant and/or team on which he/she participates be found ineligible, and forfeit(s) and/or suspension of Tournament privileges may be decreed by action of the Charter Committee or Tournament Committee.
- I/We will furnish a copy of birth certificate of the above-named candidate to League Officials.
- I/We agree to allow SLL to use any photo or likeness of the above registrant on the SLL website, social media or other promotional materials.
- I/We understand that all players league age 9 and older are required to attend tryouts to be placed on a team. If such does not attend at least 50 percent of the tryouts, local Board-of-Directors' approval is required for such candidate to be placed on a team and I/We understand that our child (candidate) may be chosen at any time to play on a Major Division team, if he or she is of the correct age for such division as determined by the local league and Little League Baseball. Declining to move up to such Major Division team will result in forfeiture of eligibility for the Major Division for the current season, and may be subject to further restrictions by the local league.

PARENT OR GUARDIAN INITIALS:

_____ I will retain receipt. League requires you retain your receipt for proof of payment. I acknowledge that fee is **NON-REFUNDABLE**.
 _____ If player fee is not paid by (April 30) player will NOT be eligible for Tournament Play this includes ALL STARS
 _____ I have read and agree to the terms of the Parent and Player Code of Conduct. I understand that I can be removed from ANY Little League Event for violating the terms of this Code of Conduct. (Printed Copies available on Request)

I, as parent/guardian of the above named candidate for a position on a Little League team, hereby give my approval for the player to participate in any and all Little League activities, including transportation to and from the activities. I understand that participation in baseball may result in serious injuries and protective equipment cannot prevent all injuries to players, and do hereby waive, absolve, indemnify and agree to hold harmless the local Little League, its Board, volunteers, organizers, sponsors, participants, and other persons transporting the player 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 agree to return, upon request, the uniform and any other equipment issued to the player in as good condition as when received except for normal wear and tear.

Parent/Guardian Signature: _____ Date: _____

Comments/Special Requests: _____
(THERE ARE NO GUARANTEES ON SPECIAL REQUESTS)