



# PLAYER APPLICATION

HOTLINE NUMBER: 610 828 4232 • WWW.CONSHYLL.ORG

**Baseball Mania Buy Out**     **\$75** (1 child)     **\$85** (2 children)     **\$95** (Family Max)    **Received By**

**New Registration**                       **Proof of Residency**                       **Birth Certificate**

**AGE:**    5       6       7       8       9       10       11       12       13       14       15       16

**Player's Name** *(Last, First)* \_\_\_\_\_ **Birth Date** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone** \_\_\_\_\_ **E-mail** \_\_\_\_\_

**Parent(s) Name** \_\_\_\_\_

**Name/League Age of Other Siblings Participating in CLL**

Participation in Little League Baseball requires the ability to run, throw, swing a bat and catch a ball. Additionally, participation requires the capacity to understand the rules of the game. Does your child have any current condition that limits him/her ability to participate in this activity?                       **YES**                       **NO**

If "yes", please identify any modifications that would enable your child to participate.

\_\_\_\_\_

**Emergency Contact Person** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Family Doctor** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Insurance/Hospitalization Plan**

Please provide information about allergies or medical conditions that the League should have in case an emergency should occur:

\_\_\_\_\_  
\_\_\_\_\_

I, the parent/guardian of the above named candidate for a position on a Little League Team, hereby give my approval for him/her to participate in any Conshohocken Little League activities. I am also responsible for transportation to and from the activities. I understand that participation in baseball may result in serious injuries and protective equipment does not prevent all injuries to all players, and do hereby waive, release, absolve, indemnify, and agree to hold harmless Conshohocken Little League, the Organizer, Sponsors, 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, except to extent and in the amount covered by accident or liability insurance.

We agree to return, upon request, the uniform and any other equipment issued to our child in as good a condition as when received except for wear and tear.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_