



2019 Player Registration Form



Jeff/GRC Little League

Player's Name: _____ [] Male [] Female
 Player's Address _____
 Date of Birth: ____/____/____ League Age: _____ School: _____
 Years of Experience: _____ Division Played Last Season _____

Brothers / Sisters Playing Same Division:
 Name: _____ Age _____
 Name: _____ Age _____
 Name: _____ Age _____

- Cost: \$100 Minor thru Junior, \$75 T-Ball and PeeWee
- Please make checks payable to "Jeff/GRC Little League". No refunds after uniforms have been ordered.
- A \$20 fee is assessed for all returned checks.
- **LATE REGISTRATION FEE** of \$10 will be assessed for each player after 4:00pm on January 28, 2017

Division: YOU MUST PLAY WITHIN THE APPROPRIATE AGE OF THE DIVISON

[] T-Ball—CoEd (4-5) [] Pee Wee—CoEd/Machine Pitch (5-6)
 [] Farm Baseball/Machine Pitch (7-8) [] Farm Softball/ Machine Pitch (7-8) *
 [] Minor Baseball (9-10) [] Minor Softball (9-10) *
 [] Major Baseball (11-12) [] Major Softball (11-12) *
 [] Junior Baseball (13-14) * [] Junior Softball (13-14) *
 [] 50-70 Baseball (11-13) *

* Denotes division will travel to other leagues for games

Uniform Sizes: CIRCLE ONLY ONE PER CATEGORY
 ***we will not be providing sock or pants this year

Shirt Size: YS YM YL YXL AS AM AL AXL
 Hat Size (BB) Youth Adult
 Headband (SB) Youth Adult

GUADRIAN #1 (ALL INFORMATION IS REQUIRED)****PLEASE PRINT****

Guardian #1 Name: _____ Guardian #1 Relation: _____

Guardian #1 Address _____

Guardian #1 Email: _____

Guardian #1 Home Phone (_____) _____ - _____ Guardian #1` Cell Phone:_(_____) _____ - _____

GUADRIAN #2 (ALL INFORMATION IS REQUIRED)****PLEASE PRINT****

Guardian #2 Name: _____ Guardian #2 Relation: _____

Guardian #2 Address _____

Guardian #2 Email: _____

Guardian #2 Home Phone (_____) _____ - _____ Guardian #2` Cell Phone:_(_____) _____ - _____

I, the parent/guardian of the above named candidate for a position on a Little League team, hereby give my approval to participate in any and all Little League activities, including transportation to and from the activities. I know that participation in baseball or softball 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 the local Little League, Little League Baseball Inc., the organizers, sponsors, supervisors, 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 any other cause, except to the extent and in the amount covered by accident or liability insurance. I will furnish a certified birth certificate of the above named candidate to League Officials.

I/We agree to provide proof of legal residence (as defined by Little League Baseball, Inc.) 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.

Guardian PRINTED Name: _____

Guardian Signature: _____

Date: ____ / ____ / ____

Jeff-GRC Official Use Only **Birth Certificate** **School Waiver Form** **Proof of Residency #1** **Proof of Residency #2** **Proof of Residency #2** **Cash** **Check** **Money Order****Check Number** _____**Amount Paid:** \$ _____**Comments:** _____