

Please Print Clearly



Application to Play Little League®

Virginia Beach Little League ID: (346-08-16)

Player: (New) Address Changed: (New)

Last		Middle		First		<input type="checkbox"/> Spring Registration <input type="checkbox"/> Fall Registration		
Street								
City Virginia Beach				State VA	ZIP			
Primary Phone				Second Phone				Birthdate MM/DD/YYYY
Third Phone								Gender (M/F)
Primary Email Address				Second Email Address				Birth Certificate Number

Father

Mother

Last		First		Last		First	
<i>If interested volunteering, please provide your date of birth and Social Security number.</i>				<i>If interested in volunteering, please provide your date of birth and Social Security number.</i>			
Date of Birth		Social Security Number		Date of Birth		Social Security Number	
Volunteer? <input type="checkbox"/> Manager <input type="checkbox"/> Team Parent <input type="checkbox"/> Asst Manager <input type="checkbox"/> Concession Stand				Volunteer? <input type="checkbox"/> Manager <input type="checkbox"/> Team Parent <input type="checkbox"/> Asst Manager <input type="checkbox"/> Concession Stand			

Notes (League Use Only)

1. I/We, the parents/guardians of the above-named candidate for a position on a Little League team, hereby give my/our approval to participate in any and all Little League activities, including transportation to and from the activities.
2. I/We 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, Incorporated, the organizers, sponsors, supervisors, participants, and persons transporting my/our child to and from activities from any claim arising out of any injury to my/our child whether the result of negligence or for any other cause.
3. I/We agree to return upon request the uniform and other equipment issued to my/our child in as good conditions as when received except for normal wear and tear.
4. I/We agree that our child (candidate) may be required to try out for 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.
5. I/We will furnish a certified birth certificate of the above-named candidate to League Officials.

6. 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.

League Use Only		
Registration Fee	League Age	Division Assigned
Birth Certificate Yes <input type="checkbox"/> No <input type="checkbox"/>	Proof of Residency Yes <input type="checkbox"/> No <input type="checkbox"/>	
Medical Release Form Yes <input type="checkbox"/> No <input type="checkbox"/>	Waiver needed? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Signature _____

Date _____