



2018 Baseball and Girls Softball New Player Registration, Consent, and Medical Release

Player Information						
Male _____ Female _____		Circle Current Grade Level: Pre-K K 1 2 3 4 5 6 7 8 9 10 11 12			T-Shirt Size	
Last Name		First Name			YXS	AS
Address		Sault City Resident _____ Or Name Township _____			YS	AM
City		State		Zip		
Home Address or School Within League Boundary? Yes _____ No _____ Map Available Online					YL	AXL
Primary Phone			Birthdate		YXL	A2X

Baseball Age Chart (Baseball is open to male and female participants) (All Co-ed Tball participants are registered under Baseball)													
JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	AGE	Division
2014	2014	2014	2014	2014	2014	2014	2014	2013	2013	2013	2013	4	Co-ed Tball1
2013	2013	2013	2013	2013	2013	2013	2013	2012	2012	2012	2012	5	
Tball 1 coach may make recommendation for participant to advance to Tball 2 based on skill level and maturity. Parent or Guardian has right to refuse. No additional cost will be assessed.													
2012	2012	2012	2012	2012	2012	2012	2012	2011	2011	2011	2011	6	Co-ed T -Ball 2
2011	2011	2011	2011	2011	2011	2011	2011	2010	2010	2010	2010	7	7-8 Co-ed Rookie
2010	2010	2010	2010	2010	2010	2010	2010	2009	2009	2009	2009	8	7-8 Co-ed Rookie
2009	2009	2009	2009	2009	2009	2009	2009	2008	2008	2008	2008	9	9-10 Minor
2008	2008	2008	2008	2008	2008	2008	2008	2007	2007	2007	2007	10	9-10 Minor
2007	2007	2007	2007	2007	2007	2007	2007	2006	2006	2006	2006	11	11-12 Major
2006	2006	2006	2006	2006	2006	2006	2006	2005	2005	2005	2005	12	11-12 Major
				2005	2005	2005	2005					12	11-12 Major
2005	2005	2005	2005					2004	2004	2004	2004	13	13 Intermediate
2004	2004	2004	2004	2004	2004	2004	2004	2003	2003	2003	2003	14	14 Junior

Softball Age Chart (Softball is open to female participants only) (Female participants are registered for softball when minimum age is reached according to chart below) (If Child is younger than options on chart below refer to coed division under baseball)			
Born	2007-2008	2005-2006	2003-2004
Division	Minor	Major	Junior

Sport/Division/Fee Table		If registering in March		April 1 and Beyond
Sport	Ages	Division	Fee*	Fee*
Co-ed Tball 1	4-5	Tball 1 is Monday Evenings 6-7 PM	\$50	\$50
Co-ed T -Ball 2	6	Tball 2 is Monday and Wednesdays	\$80	\$100
Co-ed Rookies	7-8	Co-ed Rookies is Tuesday, Thursday, Friday	\$100	\$120
Baseball	9-14	Minor, Major, Intermediate, Junior	\$100	\$120
Softball	9-14	Minor, Major, Junior	\$50	\$70

Upon completion of registration packet, a registration receipt will be mailed to the address listed for the player. Please visit our website saultlittleleague.com and sign up for text alerts. Join us on facebook as well.

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For office use only: First Time Players BC Checked? _____ POR Checked? _____ Concussion Form Complete? _____
 Payment Method: CC Authorization Number _____ Amount _____
 (Full or Down Payment) Cash Amount _____ or Check Number _____ Amount _____
 (Payment Plan) Check Number _____ Amount _____ Check Number _____ Amount _____
 Date Received: March/April/May 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

If paying by Credit Card: Name _____ Type _____ (4% convenience Fee added)
 Card Number _____ Exp Date _____ CSV _____

Guardian 1		Guardian 2	
First name		First Name	
Last name		Last Name	
Relationship		Relationship	
Address Same as player _____ Skip to Phone info		Address Same as player _____ Skip to phone info	
Address		Address	
City	State	City	State
Zip	Country	Zip	Country
Primary Phone		Primary Phone	
Work Phone		Work Phone	
Cell Phone		Cell Phone	
Email		Email	
Player Lives With Guardian 1 __, Guardian 2 __, Both __			

Little League Baseball and Softball Medical Release			
Doctor's Name		Emergency Contact Name	
Doctor's Phone		Emergency Contact Relationship	
Doctor's Address		Emergency Contact Phone	
Dentist Name		Alternate Emergency Contact Phone	
Hospital Preference		Insurance Carrier	
		Insurance Policy Number	
Comments: Allergies, medications, etc.:			
Date of Last Tetanus Toxoid Booster:		Special conditions:	
Medical Diagnosis	Medication	Dosage	Frequency of Dosage

Consent, Release and Indemnification

1. I/We, the parent(s)/guardian(s), give my/our consent for the named player to participate in all Little League activities.
2. I/We consent to abide by the Sport Parent Code of Conduct, the rules of Sault Area Little League, Inc., and the rules of Little League Baseball and Softball, Inc.
3. I/We understand that participation in baseball may result in serious injury or death and that protective equipment does not prevent all injuries; and I/we do waive, release, absolve, indemnify, and agree to hold harmless Sault Area Little League, Inc., Little League Baseball and Softball, Inc., the organizers, sponsors, supervisors, participants, and persons transporting the named player to and from activities, from any claim arising out of injury or death to the named player whether the result of negligence or any other cause.

Parent or Guardian Authorization:
 In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency personnel. (i.e. EMT, First responder, E.R. Physician)

Date: _____ Signature: _____