

# Susquehanna County Little League Player Registration Form 2019

|                   |                    |               |
|-------------------|--------------------|---------------|
| Player Name:      | Birth Date         | Male / Female |
| Primary Address:  | Secondary Address: |               |
| City, State, Zip  | City, State, Zip   |               |
| School Attending: | Township:          |               |
| Mother's Name:    | Father's Name:     |               |
| Home Phone #:     | Home Phone #       |               |
| Work Phone #:     | Work Phone #:      |               |
| Cell Phone #      | Cell Phone #       |               |

|                               |  |
|-------------------------------|--|
| E-mail (please print clearly) |  |
| E-mail (please print clearly) |  |

**Team and Association played last year?** \_\_\_\_\_ / \_\_\_\_\_

**Child's shirt size (check one):** Youth  Sm  Med  Large Adult  Sm  Med  Lg  XL  XXL

**Check One:**  Baseball or  Softball

- |   |  |
|---|--|
| <input type="checkbox"/> <b>T-Ball</b> (ages 4-6)                                       | <input type="checkbox"/> <b>Majors</b> (ages 11-12)    |
| <input type="checkbox"/> <b>Instructional League</b> (age 7-8 coach pitch Girls & Boys) | <input type="checkbox"/> <b>Juniors</b> (ages 13 & 14) |
| <input type="checkbox"/> <b>Minors</b> (ages 9-10)                                      | <input type="checkbox"/> <b>Seniors</b> (ages 14-16)   |

**Are you/your child interested in Fall Ball ?** \_\_\_\_\_  Yes \_\_\_\_\_  No

**Are you/your child interested in All-Stars ?** \_\_\_\_\_  Yes \_\_\_\_\_  No

I/We understand that Susquehanna County Little League is non-profit, self-supported youth baseball & softball program, not funded or mandated by any federal, state, or city agency. I/We agree to abide by all Little League rules and regulations and to demonstrate the highest standards of conduct and sportsmanship at all games. I/We give permission for Susquehanna County Little League and the associations to use, without limit or obligation, photographs, video footage or recordings which may include my/our child's image or voice for purposes of promoting or providing information about Little League programs either through printed, website or any media publications. I/We understand that smoking is prohibited at all Little League properties including fields and parking lots.

I/We agree to do my/our share of snack bar duty and to participate in any other volunteer and fund-raising activities to benefit my/our child.

Parent/Guardian Signature \_\_\_\_\_

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**Volunteer Information:** I realize that the League ONLY HAPPENS with people jumping in and helping, and therefore I am willing to volunteer to:

- Manager  Coach  Umpire  Scorekeeper  Team Mom  Groom home fields  Help with equipment

**Areas of Expertise:**  Electrician  Welder  Plumber  Fencing  Carpenter  Landscaping

\*\*\*\*\*Association Use Only\*\*\*\*\*

League Age: \_\_\_\_\_ B/C on file? \_\_\_ YES \_\_\_ NO Amt Paid \_\_\_\_\_ Date: . \_\_\_\_\_