

KIRKLAND NATIONAL LITTLE LEAGUE PLAYER APPLICATION

Please PRINT clearly

DATE _____ BB _____ SB _____ Player ID # _____
BIRTH DATE _____ BIRTH CERTIFICATE _____ SEX _____
LAST NAME _____ FIRST _____ MIDDLE _____
ADDRESS _____ CITY _____ ZIP _____
HOME PHONE _____ LAST YEAR'S TEAM _____ LEAGUE _____
SCHOOL ATTENDS _____

If on variance or private, what public school would child attend _____

FATHER'S NAME _____ MOTHER'S NAME _____
FATHER'S WORK PHONE _____ MOTHER'S WORK PHONE _____
FATHER'S CELL PHONE _____ MOTHER'S CELL PHONE _____

FATHER'S EMAIL **PLEASE PRINT** _____

MOTHER'S EMAIL **PLEASE PRINT** _____

NO. CHILDREN PLAYING IN KNLL _____ AGES _____

*(Please Note: We are able to honor requests for **siblings only** to play together.)*

REGISTRATION FEE \$ _____ CHECK # _____ CASH _____ F/A _____

INTERESTED IN BEING - MANAGER _____ COACH _____ UMPIRE _____

KNLL will support any child who wishes to participate in our programs regardless of race, creed, color, or ability to pay.

***** **MEDICAL INFORMATION** *****

INSURANCE COMPANY NAME _____ ID # _____

FAMILY DOCTOR _____ PHONE NUMBER _____

***** **MEDICAL RELEASE INFORMATION** *****

In case of emergency, if the family physician cannot be reached, I hereby authorize my son or daughter to be treated by another physician who may be available. Valid from April 1 to Sep 1 of current year.

////////// **PARENT'S AGREEMENT** //////////

I/We, the parents 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. I/We assume all risks and hazards incidental to such participation including transportation to and from the activities; I/we understand that there is a possibility that my child could be injured playing baseball or softball, I/We do give permission for he/she to participate; and I/We do hereby waive, release, absolve, indemnify and agree to hold local Little League, Little League Baseball Incorporated, the organizers, sponsors, supervisors, participants, and persons transporting my/our child to and from activities, for any claim arising out of and injury to my/our child whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance. I/We understand KNLL insurance provides secondary coverage.

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

Signature _____ Date _____

WHITE COPY COACH

YELLOW COPY KNLL

PINK COPY PARENT

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