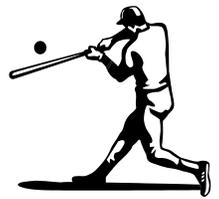




MANHEIM CENTRAL LITTLE LEAGUE

PO Box 624
Manheim, PA 17545

www.manheimcentrallittleleague.com



REGISTRATION AND PERMISSION FORM

T-Ball Coach Pitch/Rookies Minors Majors Juniors

Player's Name: _____ Birthdate: _____ Male Female

Address: _____
Street # City State Zip

Email Address: _____

Did your child participate in THIS sport last year? Yes No Team _____ Division _____

Jersey size for Baseball Player (Circle): **YS YM YL YXL AS AM AL AXL A2XL**

Medical/Emergency Information:

(Please check box if you are the custodial parent or guardian that should receive primary notification regarding the child)

Father's Name: _____ Home Phone: _____ Cell Phone: _____

Mother's Name: _____ Home Phone: _____ Cell Phone: _____

Child's Allergies: _____

Other Medical Conditions: _____

Player's Physician: _____ Phone: _____

Medical Insurance Company: _____ Phone: _____

Policy Holder: _____ Policy #: _____ Group #: _____

IN CASE OF AN EMERGENCY WHEN PARENTS CANNOT BE REACHED, PLEASE CONTACT:

Name _____ Home Phone: _____ Cell Phone: _____

Name: _____ Home Phone: _____ Cell Phone: _____

Parent Approval and Medical Release

Recognizing the potential for injury associated with participating in athletic activities and/or the sudden illness at an event, and in consideration for Manheim Central Little League Inc. (MCLL) and its affiliates accepting the registrant for the above athletic activity, I hereby release, discharge and/or otherwise indemnify the Manheim Central Little League Inc., its affiliated organizations and sponsors, their employee and associated personnel, including the owners of the fields and facilities utilized for the Programs against any claim by or on behalf of the registrant as a result of the registrant's participation in the programs and/or being transported to or from the same, which transportation I hereby authorize.

I certify that my son/daughter is physically fit and not under the direction of a physician or medical professional that prohibits or limits his/her activity or ability to participate in the above activity. I hereby give my consent to have an athletic trainer; emergency personnel and/or a doctor of medicine or dentistry provide my son/daughter with medical assistance and/or treatment and agree to be responsible for the reasonable cost of such assistance and or treatment.

Signature of Parent or Guardian _____ Date _____

Signature of MCLL Witness _____ Date _____

I will participate in the fundraiser: Yes No If No, Fundraiser waiver Payment of \$ _____

Check number _____ Cash _____

Registration fee refunds may incur a handling fee