



Player Registration Form

Western Branch Little League



P.O. Box 9784, Chesapeake, VA 23321
League ID: 346-06-02
www.wbll.org

Spring Fall

Year _____

Player name

First	Last
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Address

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Address 2

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City/State/Zip

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Home phone

()

Email

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Birthdate

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Returning to WBLL?

1 Year Experience

2 Years Experience

3+ Years Experience

This is the address WBLL will use

Parent #1

Name	First	Last
Phone	()	
Email		
Occupation		

Check the box if you have completed a volunteer form?

Parent #2

Name	First	Last
Phone	()	
Email		
Occupation		

Check the box if you have completed a volunteer form?

Medical Information **Please use a third person in this area**

Emergency contact		Phone	()
Relationship to player			
Insurance carrier		Policy	

League Use Only

Birth Certificate		Proof of Residency	
Yes	No	Yes	No
Medical Release		Waiver needed?	
Yes	No	Yes	No
Level Assigned		Team Name	
Age		Amount	
CSH	CHK	CC	PP
New		Returning Moving-Up	

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 understand that our child (candidate) may be chosen at anytime to play on a Major Division team, if he or she is of the correct age for such division as determined by the local league and Little League Baseball. Declining to move up to such Major Division team will result in forfeiture of eligibility for the Major Division for the current season, and may be subject to further restrictions by the local league.

6. I/We agree to provide proof of legal residence (as defined by Little League Baseball, 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.

7. I/We will furnish a certified birth certificate of the above-named candidate to League Officials.

Signature

Date

Follow the instructions below to complete the registration

* Download and complete the entire form along with your signature.

* You can print and bring these forms to an in person registration **OR** Scan and email to registrations@wbll.org



Little League® Baseball and Softball Medical Release



NOTE: To be carried by any Regular Season or Tournament Team Manager together with team roster or eligibility affidavit.

Player: _____

Date of Birth: _____

League Name: _____

I.D. Number: _____

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)

Family Physician: _____ Phone: _____

Address: _____

Hospital Preference: _____

In case of emergency contact:

Name Phone Relationship to Player

Name Phone Relationship to Player

Please list any allergies/medical problems, including those requiring maintenance medication. (i.e. Diabetic, Asthma, Seizure Disorder)

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

Date of last Tetanus Toxoid Booster: _____

WARNING: Protective equipment cannot prevent all injuries a player might receive while participating in Baseball/Softball.

Little League does not limit participation in its activities on the basis of disability, race, color, creed, national origin, gender, sexual preference or religious preference.