



Delhi Little League 2019 Sign-Up Form



Player Name: _____

Please check here if interested in Girls Softball

Team Played for in 2018: _____

Player Address: _____

E-Mail Address: _____ Shirt Size: _____

Youth or Adult

Town of Residence _____ Phone Number: _____

Player Date of Birth _____ Age as of June 30: _____

Grade Entering: _____ Parents (both) Names: _____

School: _____ Date of Last Physical: _____

Doctor: _____ Doctor's Phone: _____

Physical Limitations / Allergies: _____

PERMISSION/RELEASE

I, the undersigned, am the parent-or-legal guardian of the player listed above. I grant permission for him/her to participate in all activities of the Delhi Little League including private team social activities, practices, games, and fund raising. I hereby certify that my child is fully capable of participating in baseball and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in the baseball activities. I will notify the Delhi Little League program in writing if I withdraw this permission.

I release all Delhi Little League Officers, Coaches, Staff, Officials, and Volunteers and the Village of Delhi and its employees and volunteers from any liability for any injury incurred by my son/daughter while engaged in any Activity of the Delhi Little League. I understand that participating in this athletic program is potentially dangerous and that physical injury, including serious personal injury, may occur to my child/children as a result of his/her actions or the actions of other participants in the program. I agree to review, prior to my child's/children's participation in this activity, the conditions of the playing fields and equipment used in this activity and will accept any risk they might present while he/she is participating. I also release all Delhi Little League Officers, Coaches, Staff, Officials, and Volunteers and the Village of Delhi and its employees and volunteers from any liability for any injury incurred by my child/children while traveling to and from these playing fields in order to participate in this program.

I authorize the Delhi Little League or its representatives to request or allow any emergency medical or first aid treatment recommended or deemed necessary by any qualified physician, emergency room staff or emergency squad personnel until such time as I am physically present.

I accept all responsibility for the equipment issued to my son/daughter and will upon written notice reimburse the Delhi Little League, in cash, the current replacement cost of any equipment not returned the Delhi Little League within ten (10) calendar days of my sons/daughters last scheduled game.

IF EQUIPMENT IS NOT RETURNED A FEE WILL BE LEVIED FOR THE PURCHASE OF NEW EQUIPMENT.

I HAVE READ AND UNDERSTAND THIS RELEASE.

Parent's Name (Print)

Parent's Signature

Date

Relationship to Child