

LHCLL Player Registration Form 2020 Needs to tryout?: Yes or No (Select)

Please sign up **THE PLAYER** to tryout at this link:

<https://www.signupgenius.com/go/10c0b4cabac23abff2-lahabra>

Do you need a special X tryout to advance from Single A League Age 8 to AA? Yes or Double A League Age 9 to AAA? Yes

PLEASE CHECK **LEAGUE AGE:** _____ (Select LL age after checking 2020 Age Chart)

Player's Name:	First _____	Last _____
Player's physical HOME Address: (No PO Boxes)	_____	
City/Zip Code:	_____ / _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Best CELL Phone:	_____	Grade: _____ (fill in) School: _____ (fill in)
Date of Birth:	_____	Using School Enrollment form: <input type="checkbox"/> Yes or <input type="checkbox"/> No (fill in)
Needs to be w/ Sibling? :(Fill in their Name) _____ & _____ Division (2019)		
You have moved out of boundary and do you require a 2d waiver? : <input type="checkbox"/> Yes or <input type="checkbox"/> No		
2020 SPRING Season Levels	<input type="checkbox"/> T Ball (League Age 4-5)	<input type="checkbox"/> Min B (League Age 6-7)
	<input type="checkbox"/> Minor A (League Age older 7-8)	<input type="checkbox"/> AA (Special X Tryout Age 8 - League Age 9)
	<input type="checkbox"/> AAA (Special X Tryout Age 9 - League Age 10-11)	<input type="checkbox"/> Majors (League Age 11-12)
	<input type="checkbox"/> Jr's (League Age 12-14) (12 not eligible for All Stars)	<input type="checkbox"/> 50/70 Playing Intermediate ONLY
	<input type="checkbox"/> 50/70 Playing Intermediate- w/ another Division	
	<input type="checkbox"/> Seniors (League Age Freshman/14/15/16)	
DID YOU UPLOAD LEGAL BIRTH CERTIFICATE: Yes <input type="checkbox"/>		
DID YOU UPLOAD all 3 (MUST BE DATED between Feb 1 2019 & Feb 1 2020) Proofs of Residency by SCANNING THEM not by using your iPhone? Yes <input type="checkbox"/>		

A player who drops from the league after teams have formed has a major impact on all the other players in the league. Therefore, registration fees are **non-refundable** after the league begins its draft process.

Father/LEGAL Guardian 1	Mother/LEGAL Guardian 2
Name _____	Name _____
BEST Contact Phone: _____	BEST Contact Phone: _____
Email *Required for League communication _____	Email *Required for League communication _____
Occupation: _____	Occupation: _____
I can volunteer to help <input type="checkbox"/> Yes Please take the CDC online concussion course . Once completed email the Cert to tdbarger@hotmail.com	I can volunteer to help <input type="checkbox"/> Yes Please take the CDC online concussion course . Once completed email the Cert to tdbarger@hotmail.com
Photography/Video Consent Release & Waiver of Liability Please signify your consent to post images or player name on the LHCLL website by checking the appropriate box below. If you are consenting to use your child's name and/or photo, you are hereby releasing LHCLL from any and all liability resulting from or connected to the publication of the player's name and/or photo. <input type="checkbox"/> Yes <input type="checkbox"/> No My child's first name may (or may not) be electronically displayed and published on the LHCLL website	

- 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.
- I/We know that participation in baseball has inherent risks and may result in serious injuries and protective equipment does not prevent all injuries to players. I/We do hereby waive, release, absolve, indemnify, and agree to hold harmless La Habra City & District 56 Little League, City of La Habra, 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.
- I/We agree that our child (candidate) may be required to try out for a team. If such child (candidate) 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.
- 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 a Major Division team will result in forfeiture of eligibility for the Major Division for the current season, and may be subject to further restrictions and moved to another team laterally by the local league.**
- I/We agree to provide proof of legal residence (as defined by Little League Baseball, Incorporated) and Original Birth Certificate (copy) when registering online.
- I/We understand that our child (candidate) must be eligible under the 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, such participant and/or team on which he/she participates will be found ineligible, and forfeit(s) and/or suspension of Tournament privileges may be decreed by action of the Charter Committee or Tournament Committee.
- I/We understand that we are all volunteers **and EACH PARENT will work our assigned snack shack shift** given by the team mom or buy out at the rate of **\$25 hour paid in CASH to the team Mom, Two DAYS PRIOR to my assigned shift.** If I do not show- an additional \$25 No show fee will be added and must be paid before the next played game.

Legal/Parent Signature: _____ (has Electronically Signed) Date: _____