LHCLL Player Registration Form FALL BALL 2021

League AGE is as of August 31st 2022 (Playing as next year's age, see 2022 Age Chart on play.lhcll.com)

PLEASE CHECK	LEAGU	E AGE:				
Player's Name:		First		Last		
Player's physical HOME Address: (No PO Boxes)				1		
City/Zip Code:		I		Gender: ☐ Male ☐ Female		
Best CELL Phone: Date of Birth:				Grade: School:_	(fill in)	
		Using School Enrollment form: ☐ Yes or ☐ No (fill in)				
Needs to be w/ Sibling? :(Fill		(Fill in their Name)	&		Division (2021)	
You have moved	out of b	ooundary and do you require a	2d waiver? : ☐ \	es or □ No		
	□ТВа	II (League Age 4-5)		☐ Min B (League Age 6-7)		
2021	☐ Mino	r A (League Age older 7-8)		☐ AA (Special X Tryout Age 8 - League Age 9)		
FALL BALL		(Special X Tryout Age 9 - Leag	,		☐ Majors (League Age 11-12)	
Season Levels		League Age 12-15) (12 not eli	-	ars) ☐ 50/70 Playing Intermediate ONLY		
Leveis		0/70 Playing Intermediate- w/ another Division				
DID VOLLUDI OA		ors (League Age Freshman/14/				
		L BIRTH CERTIFICATE: Yes			Proofs of Residency by SCANNING THEM? Yes □	
	.	4504.0				
	Fathe	er/LEGAL Guardian 1		Mother/LEGAL Guardian 2		
Name			Na	Name		
BEST Contact Ph	one:		BE	BEST Contact Phone:		
Email *Required f	or Leagi	ue communication	Em	Email *Required for League communication		
•	Ü			•	Ü	
Occupation:			Oc	Occupation:		
I can volunteer to help ☐ Yes Please take the CDC online concussion course and Mandated reporter training. Once completed email the Cert to Ihcll.safety@gmail.com			Cert to Ma	I can volunteer to help ☐ Yes Please take the CDC online concussion course and Mandated reporter training. Once completed email the Cert to IhcII.safety@gmail.com		
Please signify yo	our cons 's name e and/o	and/or photo, you are hereby r r photo.	me on the LHCL eleasing LHCLL	from any and al	ecking the appropriate box below. If you are consenting I liability resulting from or connected to the publication of d published on the LHCLL website	

- 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 I in any and all Little League activities, including transportation to and from the activities.
- 2. 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.
- 3. 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.
- 4. I/We agree to provide proof of legal residence (as defined by Little League Baseball, Incorporated) and Original Birth Certificate (copy) when registering
- 5. 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.

Legal/Parent Signature <u>:</u>	(has Electronically Signed)	Date: