

Lower Division ONLY: My child would like to play:
For _____ With _____

Santa Clara Westside Little League – California District 44 – Players Application

Player's Name: _____ Home Phone: _____
Last First M.I.

Address: _____
Street City Zip Code

Date of Birth: _____ Gender: M F School Player Attends: _____

Father's Name: _____ Occupation and Employer: _____

Home Phone: _____ Business Phone: _____ e-mail: _____

Mother's Name: _____ Occupation and Employer: _____

Home Phone: _____ Business Phone: _____ e-mail: _____

Did Player Play Little League Last Year? Yes No **If Yes, please complete the following:**

League Name: _____ Team: _____ Division: _____

Read the following questions and statements carefully and write either **YES** or **NO**

Is the player in good health?: _____

I have reviewed Westside Little League's approved boundaries from which they must draw their players and the player indicated above resides within these boundaries: _____. If NO, please explain on the back of this application. NOTE: Players must reside within Westside's boundaries to play in the league. Players found to be residing outside league boundaries will be suspended from any further play (unless player has been granted a waiver under Little League regulations).

I understand that Little League Baseball carries a secondary insurance policy that will only be used when the limits of my primary insurance policy have been exhausted: _____. I will be responsible for reporting All of the above player's Little League related injuries to the President in writing within 48 hours of the injury: _____.

I understand that Westside Little League is franchised by Little League Baseball Inc. and is the governing body for this program _____. By approving their franchise, Little League Baseball Inc. has set the guidelines by which this league must operate. Should I have a grievance with the local league, I will state my grievance in writing and present it to the league President for evaluation. If I am not satisfied with the evaluation, I will agree to present the same document to the District Administrator who will contact Little League Headquarters, if necessary, for final clarification: _____.

I understand that I must present acceptable proof of age and residency documents before the player can participate in the Little League: _____.

I, the parent or legal guardian of the above named candidate, hereby gives my approval for him or her to participate in any and all Little League activities. I assume all risks and hazards incidental to Little League participation including transportation to and from the activities, and I hereby waive, release, absolve, indemnify and agree to hold harmless the local Little League, Little League Baseball Inc., the organizers, sponsors, supervisors and participants for any claim arising out of an injury to myself, whether the result of negligence or for any other cause except to the extent and in the amount covered by accident and liability insurance: _____.

I agree to return upon request the uniform and other equipment issued to my child in as good a condition as when received except for normal wear and tear: _____.

Medical Release/Parent Authorization

In case of emergency, and if player's physician cannot be reached; I authorize my child (listed above) to be treated by another available physician.

Name of player's physician: _____ Phone: _____ Insurance Provider: _____

List any known medical conditions, allergic medication reactions, etc: _____

Does player wear glasses? YES NO Does player wear contact lenses? YES NO

Signature of Parent or Legal Guardian Date Relationship to Player

Fundraising Buy-Out & Volunteer Deposit

I understand the registration fees do not cover all of Westside's operating costs. In order to subsidize these operating costs and keep registration fees to a minimum, Westside requires that every family (A) participate in a fundraising program (e.g. the hit-a-thon) and (B) volunteer 3 hours of their time per player in the Snack Shack. Families will be required to make a deposit of **\$40.00** per player for snack shack service and families do have the option to "buy out" of the fundraising program for **\$30.00** per player.

_____ I do not intend to work in the Snack Shack, and Westside Little League may use my **\$40.00** deposit(s) to hire a replacement(s) for my shift(s).

_____ I elect to participate in the fundraising program **OR** _____ I elect to "buy out" of the fundraising program for a **\$30** fee per player.

[Cash OR Check# _____ \$ Amount _____]

Official League Use Only

THREE PROOFS OF RESIDENCY: (i) _____ (ii) _____ (iii) _____

PROOF OF AGE DOCUMENT: BIRTH CERTIFICATE #: _____ PASSPORT #: _____

GREEN CARD #: _____ OTHER: _____ **LEAGUE AGE:** _____

I HAVE EXAMINED THIS APPLICATION AND SUPPORTING DOCUMENTS AND FIND BOTH TO BE IN ACCORDANCE WITH LITTLE LEAGUE RULES:

LEAGUE OFFICIAL/APPLICATION PROCESSOR INITIAL: _____ WESTSIDE PRESIDENT INITIAL: _____

DATE PAID: _____ CASH OR CHECK#: _____ AMOUNT PAID: _____