

KINGSTREE LITTLE LEAGUE
PLAYER REGISTRATION FORM

Registration Fee: \$35
Please mail to:
Town of Kingstree
401 N. Longstreet St.
Kingstree, SC 29556

Please Print

Player Name: _____
Birthdate: _____ Gender: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
League Age: Male 04/30/07 _____ Female Age: 12/31/06 _____

PARENT/GUARDIAN INFORMATION (PLEASE PRINT)

Name _____ Contact # _____

Would you like to volunteer (circle) for any of the following: 1. Coach 2. Canteen
3. Help 4. Umpire 5. Scoreboard 6. Make Chili for Canteen

Shirt Size (Circle) Y/S Y/M Y/L A/S A/M A/L A/XL A/XXL

1. I/We agree to have my/our child to all practices and games.
2. To provide timely pickup from all practices and games.
3. To have our child attend at least 50 percent of tryouts.
4. I/We understand that tournament teams are voted on my management/coach with one vote each.
5. I/We understand that games may have a time limit on them.
6. I/We understand that by moving my/our child up or down in age division will result in forfeiture of eligibility for that participant in tournament.
7. I/We know that participation in baseball/softball may result in serious injuries and protective equipment does not prevent all injuries to players, and do hereby waive, release indemnity, and agree to hold harmless the local little league, Little League Incorporated organizers, sponsors, supervisors, participants, and persons transporting my/our child to and from activities from any claim(s) arising out of injury to my/our child whether the result of negligence or for any reason.

Signature

Date

* * * * * PLEASE RETURN BY FEBRUARY 10, 2007 * * * * *