

YVALL

Player Registration & Photo Release Waiver Acknowledgement

DIVISION
LEAGUE AGE

Player Name				Birthdate / /		
Address			_	Jersey Shirt size		
	Chaha		7: C	·		
City	State		Zip Code	Hat size		
Primary Phone						
Primary email						
Parent / Guardian #1		Parent / Gua	ardian #2			
Print Name		Print Name				
Phone		Phone				
email		email				
Volunteer / Coach ? Yes	No		Volunteer / Coach	? Yes No		
If yes, please fill out Volunteer Applicati	on		If yes, please fill out Vo	olunteer Application		
Special Requests (Coach/Team, etc)						
Siblings playing in the League? YES NO	Name(s)					
Terms, Conditions, Photo Release W	/aiver					
I/We, the parents of the above-named candidate		/alley American Little	League (YVALL) team,	hereby give my/our approval to participate in a		
and all Little League activities, including transpo						
 I/We know that participation in baseball or sof release, absolve, indemnify, and agree to hold h 	· · · · · · · · · · · · · · · · · · ·					
persons transporting my/our child to and from a						
3) If applicable, I/We agree to return upon reques	t the uniform and other equip	ment issued to my/o	our child in as good a co	ondition as when received except for normal we		
and tear. 4) I/We agree to provide proof of legal residence	e or school enrollment (as de	fined by Little Leagu	ie Baseball, Incorporate	ed, at LittleLeague.org/residence) and age. I/V		
understand that my/our child (candidate) must	-	•				
in this Local League, and that if any controv				_		
Williamsport, Pennsylvania, shall be final and bi based on residence (as defined by Little Leagu	= :		-	-		
forfeit(s) and/or suspension of Tournament p			•			
Tournament Committee.	he required to try out for a	toom. If such doos i	ant attend at least EO	percent of the triguits WALL Board of Directo		
5) I/We agree that my/our child (candidate) may be required to try out for a team. If such does not attend at least 50 percent of the tryouts, YVALL Board-of-Dirapproval is required for such candidate to be placed on a team.						
	If applicable, I/We understand that my/our child may be chosen at any time to play on a Major Division team, if he or she is of the correct age for such division as					
· · · · · · · · · · · · · · · · · · ·	determined by YVALL and Little League Baseball. Declining to move up to such Major Division team will result in forfeiture of eligibility for the Major Division for the current season, and may be subject to further restrictions by YVALL.					
7) I/We will furnish a certified birth certificate of the		eague Officials.				
8) I/We understand that my information as the p	_					
information by Little League International can b any time.	e tound nere: www.LittleLeag	ue.org/privacypolicy.	. You may opt-out of co	ommunications from Little League International		
9) I/We, the parents or guardian of the above list						
during the games and events associated with announcements, electronic or otherwise, and o		-				
compensation if such image appears in any of the						
of Yucaipa Valley American Little League.		If you do no	t consent to having your	child's image used as described above, check here:		
Signature:				Date:		
Fees:	Notes/Comments:	1	<u>(</u>	Check when Documents are provided		
Registration \$	_			_		
Snack Bar Buyout \$				Birth Certificate		
Non-City Resident (City fee) \$	_			Medical Release Form		
Sibling 10% discount (\$	_,			☐ 3 Proofs of Residency, or		
14				School Verification		
Team Manager discount (5				School Name:		
TOTAL PAID \$	_					

Credit/Debit

P2P (Zelle, Vinmo, etc)

Cash

Payment made via: