



# Essex Town Little League Registration Form

Please Print



**Registration For Essex Town LL**       **Baseball**       **Softball**       **T-Ball/Instr**

Childs Last Name		First	Date of Birth	LL Age according chart	Lives With (Circle One): Mother    Father    Both		
Sex	League Last Year		Division Last Year (Circle One, if appropriate)		Resident of		
	<input type="checkbox"/> Baseball <input type="checkbox"/> Softball <input type="checkbox"/> T-Ball/Instr		T-Ball/Instr   Minor   F Farm   Majors   Sr. League		<input type="checkbox"/> Essex Town <input type="checkbox"/> Essex Junction		
What School does your child attend (circle one): EES   Founders   EMS   Hiawatha   Summit   Fleming   ADL   Other				What Grade is your child in now:			
Team Mate Preferences (T-Ball and Minors Only)							
Family Physician		Telephone Number		Medical Insurance Company		Policy Number	
Medical Conditions (please include allergies and medications that you child takes)							

Father	
Name (First, Last)	
Address	
City	State      Zip code
Home Telephone	Work Telephone
Cell Phone	Primary e-mail

Mother	
Name (First, Last)	
Address	
City	State      Zip code
Home Telephone	Work Telephone
Cell Phone	Primary e-mail

I/We, the parents and/or guardian of the above named candidate for a position on a league team, hereby give my/our approval to participate in any and all league activities. I/We assume all risk and hazards to such participation, including transportation to and from the activities; and I/We do hereby waive ,release, absolve, indemnify and agree to hold harmless the Essex Town Little League, the chartering organization, the organizers, sponsors, participant and persons transporting my/our child to and from activities; for any claim arising out of an injury to my/our child, whether the result of negligence or from any other cause, except to the extent and the amount covered by accident and liability insurance. I/We understand that the insurance carried by this league covers only the amount that is not paid by my/our carrier.

I/We agree to return the uniform and other equipment issued to my/our child at the end of the season in as good as condition as when issued except for normal wear and tear. In the event of an emergency and I/We cannot be reached, I/We give permission to the Essex Town Little League, its coaches and officials, to authorize emergency treatment of the above named child by an EMT, Physician, or Hospital Staff.

**Volunteer Information:**  
**The Essex Town Little League needs your help. Volunteer now. Contact a board member for available positions.**

Signed:       **Mr.** \_\_\_\_\_      \_\_\_\_\_  
 **Ms.** \_\_\_\_\_      \_\_\_\_\_  
 **Mrs.** \_\_\_\_\_      \_\_\_\_\_  
 **Guardian**      Signature      Date

**For official use only**

Paid       Cash      Amount \$ \_\_\_\_\_      Birth Certificate Verified by: \_\_\_\_\_  
 Check      on File