

OCEAN TOWNSHIP LITTLE LEAGUE
Registration Form

Last Name: _____ First Name: _____ MI: _____

Street: _____

Town: _____ State: _____ Zip: _____

Phone: _____ Sex: _____ Birthdate: _____ Reg #: _____

School: _____ Grade: _____

Dad's Last Name: _____ First: _____ Phone: _____

Dad will help with: Team ___ League ___ Umpire ___ How: _____

Mom's Last Name: _____ First: _____ Phone: _____

Mom will help with: Team ___ League ___ Umpire ___ How: _____

Doctor: _____ Phone: _____ Note: _____

Emergency: _____ Phone: _____ Relation: _____

Division: _____ Team: _____ Uniform #: _____

Fee: _____ Amount Paid: _____ Method: _____ Fund Raiser: _____

I/We the parents of the above named child, hereby give my/our consent to his/her participation in any and all activities of Little League. I/We assume all risks and hazards, incidental to the conduct of activities and transportation to and from activities. I/We hereby release; absolve; indemnify and hold harmless the Ocean Township Little Leagues, organizers, supervisors, and any and all of them. In case of injury to my/our child, I/we waive all claims against the organizers, or any of the supervisors appointed by them. I/We likewise release from responsibility any person transporting my/our child to or from activities. I/We will furnish, upon request from the league, a valid birth certificate and proof of residence for the above named child. I/We are responsible for the uniform issued, and will promptly return it at the end of the season or pay for its replacement.

Father's Signature Date

Mother's Signature Date

*** DO NOT WRITE BELOW THIS LINE ***

H 1 2 3 4 5 T 1 2 3 4 5 F 1 2 3 4 5 P 1 2 3 4 5