



Mesa American Little League
 550 W. Baseline Rd.
 Ste. 102-315
 Mesa, Arizona 85210
 PHONE: 480-345-0963
 www.mesalittleleague.com

LITTLE LEAGUE BASEBALL AND SOFTBALL REGISTRATION FORM

Players Name _____

Last	First	Birthdate	League Age	Division
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Current Address _____

Zip Code _____ Parents Names: _____

Home Phone: _____ Work: _____ Cell: _____

Email _____

School _____ Player Gender: Male Female

Registered Last Year Yes No Division Last Season _____

List any medical conditions that your child's coach should be aware of _____

Emergency Contact: _____

Name	Phone	Relation to Player
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PARENTS ARE VITAL TO THE SUCCESS OF OUR LEAGUE

We register our child for play in Mesa American Little League. In doing so, a member of our family would like to undertake a volunteer position in the following areas:

- | | | | | |
|---------------------------------------|--|--|--------------------------------------|---|
| <input type="checkbox"/> Coach a team | <input type="checkbox"/> Assistant Coach | <input type="checkbox"/> Concession help | <input type="checkbox"/> Field Prep | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Umpire | <input type="checkbox"/> Committee help | <input type="checkbox"/> Tryouts Help | <input type="checkbox"/> Picture Day | <input type="checkbox"/> Pepsi PHR help |

SPONSORSHIP HELPS KEEP REGISTRATION COSTS DOWN

Please contact the following regarding sponsorship of Mesa American Little League.

MALL is PROUD of all of our members, their families, employers and associates who go above and beyond with sponsorship for the league.

Sponsor Name: _____ Phone: _____

PARENT SIGNATURE AND RELEASE OF LIABILITY

I/We, the parent/guardian(s) of the above named candidate for a position on a Little League team, hereby give my/our approval to participate in any and all Little League activities, including transportation to and from the activities.

I/We know that participation in baseball or softball may result in serious injuries and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify and agree to hold harmless the local Little League, Little League Baseball, Inc., the organizers, sponsors, participants and persons transporting my/our child to and from activities for any claim arising out of any injury to my/our child whether the result of negligence or for any other cause. I/We will furnish a certified birth certificate of the above named candidate to League Officials. I/We understand and confirm that we reside within the league boundaries. If we are found not to reside within league boundaries, our child will be ineligible for any further participation. Any player may be suspended if it is determined that he/she represents a danger to other players in the league. A full refund will be provided if a player is suspended for any reason.

_____	_____
Parent/Guardian Signature	Date

League Use Only:

Within Boundaries _____ Proof / Age _____ League Age _____ Division _____ Amt Paid \$ _____