Mountain View Little League
Fall Ball Registration

Player: _____ Phone: _____
Last Name First Name Middle

Address: _____

Player's Birth Date: _____ Player's Sex: __M __F School: _____
MM / DD / YYYY

Father's Email: _____

Father: _____ (____) _____ (____) _____
Last Name First Home or Cell Phone Work or Other Phone

Mother's Email: _____

Mother: _____ (____) _____ (____) _____
Last Name First Home or Cell Phone Work or Other Phone

Played in MVLL: ___ Yes ___ No If yes, Division: _____ Team: _____

Choose Shirt Size Youth: __YS __YM __YL __Y-XL Adult: __AS __AM __AL __A-XL

I, the parent or legal guardian of the named player on this application as a candidate for a position on a Fall Ball Little League team, hereby give my permission to participate in any and all Fall Ball Little League activities. I assume all risks and hazards incidental to such participation including transportation to and from the activities, and I do hereby waive, release, absolve, indemnify and agree to hold harmless the local Mountain View Little League – ID 405-44-23, Little League Baseball Inc. the organizers, sponsors, supervisors, participants and persons transporting my child to and from activities, for any claim arising out of an injury to the player, whether the result of negligence or for any other cause except to the extent and in the amount covered by the accident or liability insurance. My signature on this form authorizes permission, Medical release, and that the answers on this application are true and correct.

Medical Release/Parent Authorization

In case of emergency, if family physician cannot be reached, I authorize _____
Name of Player
to receive treatment from another available physician.

Physician's Name: _____ Phone: _____

Hospital: _____ Insurance Carrier: _____ Policy No. _____

List known medical conditions, allergies, allergic drug reactions and other important medical information:

_____

Corrective Eyewear – Please check one: __Wears Glasses __Wears Contact Lenses __No Glasses or Contacts

Parent or Legal Guardian: _____
Print Name

Parent or Legal Guardian: _____ Date: _____
Signature

Mail Completed Form and Payment to:
MVLL
PO Box 614
Mountain View CA 94042

Check or Money Order payable to MVLL
___ $75 Fee (if played on a MVLL team this year)
___ $100 Fee (all others)

League Use Only

League Age: _____ Payment: _____

Assigned Team: _____ Division: _____