



2022 Application to Play Newville LITTLE LEAGUE® BASEBALL



Player 1 Name _____

Address _____ T-shirt Size: _____

City _____ State _____ ZIP _____ Jersey # 1st choice: _____

Date of Birth _____ League Age: _____ Jersey # 2nd choice: _____

Player 2 Name _____

Address _____ T-shirt Size: _____

City _____ State _____ ZIP _____ Jersey # 1st choice: _____

Date of Birth _____ League Age: _____ Jersey # 2nd choice: _____

Player 3 Name _____

Address _____ T-shirt Size: _____

City _____ State _____ ZIP _____ Jersey # 1st choice: _____

Date of Birth _____ League Age: _____ Jersey # 2nd choice: _____

Player 4 Name _____

Address _____ T-shirt Size: _____

City _____ State _____ ZIP _____ Jersey # 1st choice: _____

Date of Birth _____ League Age: _____ Jersey # 2nd choice: _____

Parent/Guardian #1 Name _____

Email _____

Cell Phone _____

Address _____

City _____ State _____ ZIP _____

Relation to Player(s) _____

Parent/Guardian #2 Name _____

Email _____

Cell Phone _____

Address _____

City _____ State _____ ZIP _____

Relation to Player(s) _____

Volunteer Opportunities
 I am interested in helping the League with one or more of the following:

- Concession Stand Committee
- Fund Raising
- Special Events
- Website
- Team Parent (Requires Background check)
- Manager (Requires Manager/Coach application and Background check)
- Coach (Requires Manager/Coach application and Background check)
- Umpire (Requires Umpire application and Background check)
- Field & Grounds maintenance (Requires Background Check)

PLEASE READ AND AGREE TO THE FOLLOWING CONDITIONS BY INITIALING AND SIGNING AT THE BOTTOM OF THIS FORM

____ I/We, the parent(s)/guardian(s) of the above named candidate(s) who is applying 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 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, Incorporated, the organizers, sponsors, supervisors, participants and persons transporting my/our child(ren) to or from activities for any injury to my/our child(ren) whether the result of negligence or for any other cause.

____ I/We understand that our child(ren) (candidate) 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 the local league 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 the local league.

____ I/We will furnish a copy of certified birth certificate(s) of the above named candidate(s) (new players only) and three forms of proof of residency (per family) to League Officials prior to opening ceremonies, or my child(ren) will not be permitted to play until such time as those items are received.

____ I/We understand that any returned checks due to insufficient funds **will be charged an additional \$50** returned check fee.

____ **I/We understand that volunteering in the concession stand is a necessary duty for the parents of the players and I agree to work in the concession stand a minimum of 2 times during the season.**

____ **I/We understand that volunteering to help maintain the complex is a necessary duty for the parents of the players and I agree to work at least 1 time to help with field maintenance.**

I/we have decided to:

- Opt out of the sandwich fundraiser and have included \$75
- Participate in the sandwich fundraiser

____ (OPTIONAL) As the parent or legal guardian of my Little League player(s) I give my permission to allow filming of my child(ren) during any Newville Little League activity for the 2022 Little League season. These pictures may be displayed by local newspapers, TV media, Little League publications or on our website and other websites authorized by Newville Little League in accordance with Little League policies and regulations.

By signing below, I/We agree to the above terms and conditions, and will be held accountable accordingly.

Parent/Guardian #1 Signature _____

Printed Name _____ Date _____

Parent/Guardian #2 Signature _____

Printed Name _____ Date _____

Little League Baseball® does not limit participation in its activities on the basis of disability, race, color, creed, national origin, gender or religious preference.

OFFICIAL USE ONLY

Date Received:	Received By (Initial):
Check or Cash (circle one)	Amount Paid:
<input type="checkbox"/> Fundraiser Buyout	
<input type="checkbox"/> Medical Form	
<input type="checkbox"/> Proof of Residency	