

Gulfport Little League 2015 Spring

Player Last Name	First Name
------------------	------------

Street Address	Apt/Unit	Ver.
----------------	----------	------

City	State	Zip
------	-------	-----

Home Phone	Male <input type="checkbox"/> Female <input type="checkbox"/>
------------	---

Birth date	Office use (LA)	(verified)	(regnum)
------------	-----------------	------------	----------

Baseball <input type="checkbox"/>	Softball <input type="checkbox"/>	Team last year
-----------------------------------	-----------------------------------	----------------

Shirt size	Office use (level)	(drafted?)	(team)
------------	--------------------	------------	--------

Office use (fees due)	(paid)	cash check #	Receipt #
-----------------------	--------	--------------	-----------

Parent 1 Last Name	First Name
--------------------	------------

Cell phone	Email
------------	-------

Parent 2 Last Name	First Name
--------------------	------------

Cell phone	Email
------------	-------

AUTHORIZATION AND RELEASE

1. I/We, the parents/guardians 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.
2. 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, Incorporated, the organizers, sponsors, supervisors, participants, and persons transporting my/our child to and from activities from any claim arising out of any injury to my/our child whether the result of negligence or for any other cause.
3. I/We agree to return upon request the uniform and other equipment issued to my/our child in as good conditions as when received except for normal wear and tear.
4. I/We agree that our child (candidate) may be required to try out for a team. If such does not attend at least 50 percent of the tryouts, local Board-of-Directors' approval is required for such candidate to be placed on a team.
5. I/We understand that our child (candidate) may be chosen at anytime 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.
6. I/We agree to provide proof of legal residence (as defined by Little League Baseball, Incorporated) and age. I/We understand that our child (candidate) must be eligible under the residence and age regulations of Little League Baseball, Incorporated, to participate in this Local League, and that if any controversy arises regarding residence and/or age, the decision of the Charter Committee in Williamsport shall be final and binding. I/We further understand that if any participant on a Little League team does not qualify for participation in the league based on residence (as defined by Little League Baseball, Incorporated) and/or age, such participant and/or team on which he/she participates be found ineligible, and forfeit(s) and/or suspension of Tournament privileges may be decreed by action of the Charter Committee or Tournament Committee.
7. I/We will furnish a certified birth certificate of the above-named candidate to League Officials.

I/We agree to the above waiver: _____YES _____No

Signature _____ Date _____

Gulfport Little League 2015 Spring

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

Fees: \$75 first child \$10 late fee after March 1	President: Paul Latragna --- 214-4638 Email: mailto:presidentgpll@gmail.com
\$5 off additional child same family \$20 for Tee Ball	Player Agent: Jon Harker --- 565-5511 Email: mailto:playeragent@gmail.com
	Lum Fields --- 5460 Tangerine Ave So 33707
	Hoyt Field --- 5690 – 23 Ave So 33707
Note: This includes a \$5.00 fee paid to the city of Gulfport and a \$2.50 fee paid to District 5 of Little League Baseball, Inc. This MUST be paid before the player can be assigned to a team.	Mailing address: Gulfport Little League PO Box 15295 St. Petersburg, FL 33733

Little League Baseball, Inc. requires proof of age AND proof of residency.

Proof of age is birth certificate (no copies). We will copy it and place it in a file for future use.

Proof of residency is three (3) of the following (Only one (1) utility bill can be used)

Drivers License	Voter Registration	School Records	Welfare Records
Federal, State or Local government Records	Support payment records	Homeowner or tenant records (lease papers)	Utility Bill

Boundaries

64 St from Central to 22 Ave So	Central Ave from 64 St to 16 St
22 Ave So from 64 St to 58 St	16 Street from Central Ave to 22 Ave So
58 St from 22 Ave to 30 Ave So	22 Ave So from 16 St to 34 St
30 Ave So from 58 St to the water	34 St from 22 Ave to 38 Ave So
	38 Ave So from 34 St to the water



Gulfport Little League 2015 Spring

Medical Release

NOTE: To be carried by any Regular Season or Tournament Team Manager together with team roster or eligibility affidavit.

Player name:	Birth Date:
League name: Gulfport Little League	ID Number: 03090505

Parent or Guardian Authorization:

In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel. (i.e. EMT, First Responder, E.R. Physician)

Family Physician:	Phone:
Address:	
Hospital Preference:	

In case of emergency contact:

Name	Phone	Relationship to Player

Please list any allergies/medical problems, including that requiring maintenance medication. (i.e. Diabetic, Asthma, Seizure Disorder)

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

Date of last Tetanus Toxoid Booster:

Mr./Mrs./Ms.	Date
--------------	------

Authorized Parent/Guardian Signature

Warning: Protective equipment cannot prevent all injuries a player might receive while participating in Baseball/Softball.

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