



REGISTRATION FORM FOR KAU LITTLE LEAGUE

(Direct questions to kauplayeragent@gmail.com)

Send checks payable to KAU Little League to: PMB 472, 873 E. Baltimore Pike, Kennett Square, PA 19348

Player Information:

Player Name: _____ New Player: Yes/No DOB (mm/dd/yy) _____

Male: _____ Female: _____ Check One – Baseball _____ Softball _____ Municipality/Township _____

Address: _____ City: _____ Zip: _____

Primary E-mail: _____

Primary Guardian Name: _____

Cell Phone: _____ Home Phone: _____

Secondary Guardian Name: _____

Cell Phone: _____ Home Phone: _____

Emergency Contact Information:

Emergency Contact Name: _____ Emergency Phone #: _____

Relationship: _____

Medical Information:

Physician Name: _____

Physician Phone #: _____

Please list all physical limitations or allergies: _____

I, the parent/guardian of the above named candidate for a position on a KAU Little League team, hereby give my approval to participate in any and all Little League activities, including transportation to and from activities. I 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 KAU Little League, Little League Baseball Incorporated, The Organizers, Sponsors, Managers, Coaches, Supervisors, Participants and persons with transporting my child to and from activities for any claim arising out of an injury to my child whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance. I agree to return upon request the equipment issued to my child in as good condition as when received except for normal wear and tear. I will furnish a certified birth certificate of the above candidate to league officials.

Parent or Guardian: Print Name _____

Signature: _____ Date: _____

Additional Information, if Any: _____