

REGISTRATION FORM KAU LITTLE LEAGUE

(Direct questions to kauplayeragent@gmail.com)

Send checks payable to KAU Little League to the following address: PMB 472, 873 East Baltimore Pike, Kennett Square PA, 19348

PLAYER NAME: _____ DOB: _____(m)____(d)____(y)

MALE: ____ FEMALE ____ (Check one) BASEBALL ____ SOFTBALL ____ (Check one)

ADDRESS: _____ CITY: _____ ZIP: _____

MUNICIPALITY (<http://munstatspa.dced.state.pa.us/FindLocalTax.aspx?T=1>): _____

EMAIL: _____

HOME PHONE: _____

PRIMARY GUARDIAN NAME: _____ CELL PHONE: _____
HOME PHONE: _____

SECONDARY GUARDIAN NAME: _____ CELL PHONE: _____
HOME PHONE: _____

NEW PLAYER: _____ Yes/No

PLEASE LIST ALL PHYSICAL LIMITATIONS:

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 THE 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 TRANSPORTING MY CHILD TO AND FROM ACTIVITIES FOR ANY CLAIM ARISING OUT OF ANY 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 UNIFORM AND OTHER EQUIPMENT ISSUED TO MY CHILD IN AS GOOD A CONDITION AS WHEN RECEIVED EXCEPT FOR NORMAL WEAR AND TEAR. I WILL FURNISH A CERTIFIED BIRTH CERTIFICATE OF THE ABOVE NAMED CANDIDATE TO LEAGUE OFFICIALS.

PARENT OR GUARDIAN SIGNATURE: _____ DATE: _____
_____ ADDITIONAL INFORMATION, IF ANY: