

REGISTRATION FORM

LITTLE LEAGUE ID: 3091025

Florida District 10



Coconut Creek Little League Training & Development Program

Baseball () Girls Softball ()

_____ Male

Player Name: _____ **Female** **Birth Date** ____/____/____
Please Print

_____ **League Age** _____
Street Address City State Zip

Home Phone # () _____ **Work / Cell Phone #** () _____

Mothers Name _____ **Fathers Name** _____

E-Mail Address _____ **E-Mail Address** _____

Players School _____ **Players Shirt Size:** YS YM YL YXL AS AM AL AXL

Please indicate any physical limitation or medical problems (allergies, hearing, sight, etc.) _____

Health Insurance Company: _____ **Policy Holder** _____

Plan # _____ If **NO** Health Insurance coverage please check Box ()

I, the parent/ guardian of the above named candidate for a position on a Coconut Creek Little League (CCLL) team, hereby give my approval for them to participate in any Little League activity including transportation to and from activities.
I know although safety precautions are practiced, participation in baseball or softball may result in serious injuries and protective equipment does not prevent all injuries to players. I do hereby waive, release, absolve, indemnify and agree to hold harmless the local Little League organization (CCLL), Little League Baseball Incorporated, the City, organizers, sponsors, supervisors, participants and persons transporting my child/ ward to and from activities for any claim arising out of any injury or incident to my Child/ ward whether the result of negligence or for any other causes, except to extent, and in the amount covered by accident or liability insurance.
I agree to return upon request, the uniform and any other equipment issued to my child/ ward in as good condition as when received except for normal wear and tear if CCLL desires.
I will furnish a certified birth certificate of the above named candidate to the League Officials as required for them to keep in the leagues possession. I acknowledge I have read the above and agree to sign as an acknowledgement of terms stated.

Parent/ or Guardian Signature: _____

DATE: _____

My Child is registered or participating in the following Coconut Creek Fall Sports programs:

Tackle Football () Flag Football () Soccer () In-Line Hockey () Other _____ ()

League Use Only: Birth Certificate () Proof of Residency () PAYS program ()
Participation Fee: Check # () Cash \$ () Other ()

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