

Starksboro Little League Registration

Players Name: _____ Date of Birth: _____

Address: _____ Grade _____

Parents/Guardians Names: _____

Phone (HM) _____ Phone (WK) _____

Emergency Contact Name: _____ Phone: _____

*****Are there any physical/medical conditions we should be aware of?*****

Whereas, the undersigned parent/guardian/adult having custody of the above mentioned minor child, being fully aware of the nature of the risk inherent, hereby gives consent for the above mentioned applicant to participate in the program offered by the Starksboro Sports Program (Little League), and hereby releases and agrees to hold harmless the Starksboro Sports Program, The local Little League., Little League Inc., and any of its elected or appointed officials, officers, coaches, sponsors, referees, volunteers and co-players from any and all liability for injuries, claims, demands, costs, loss of services, expenses and or damages which may be sustained by me or us or our minor child on account of his or her participation in the said program and associated activities and events including transportation to and from events. In lieu of a parent of guardian being present, local rescue will be called when medical care seems apparent and needed.

Signature: Parent/Guardian: _____ Date: _____

Level played last year. Circle one: **T-Ball** **Minors** **Majors** **Softball**

Desired playing level this year. Circle one: **T-Ball** **Minor/Baseball**

Majors/Baseball **Girls Minor Softball** **Girls Major Softball**

Date Paid: _____ Cash: _____ Check#: _____

^Checks payable to: Starksboro Sports Program. \$10 for t-ball, \$15 baseball/softball per child. \$20 max per family for t-ball, \$30 max for little league per family. Return form and payment at sign-up , **Saturdays- March 12 & March 19** from *9am to 10:30 am*, also **Wednesdays March 9 & 16** *5:30pm to 6:30pm*, at Robinson School gym.