

East Orange County Little League

<http://www.eastorangelittleleague.com/>

2022 Registration Form

**Player Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | | Phone: | |
| DOB: | | Sex (M or F) : |  |
| Address: | | City : | |
| State/Province: | Zip Code: | | |
| Emergency contact name & number *(Other than a parent)*: | | | |
| Returning Player Yes or No If yes, please answer the following: | | | |
| Previous Season Level Played: T-ball Coach Pitch Minors Majors Seniors Challengers | | | |
| Minors and above, please state what team/Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
|  | | | |
| **Shirt Size: League Age:** | | | |

**Player Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | | Phone: | |
| DOB: | | Sex (M or F) : |  |
| Address: | | City : | |
| State/Province: | Zip Code: | | |
| Emergency contact name & number *(Other than a parent)*: | | | |
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|  | | | |
| **Shirt Size: League Age:** | | | |

**Parents**

|  |  |
| --- | --- |
| Father/Guardian Name: | Mother/Guardian Name: |
| Cell Phone: | Cell Phone: |
| E-mail: | E-mail: |

EOCLL is a non-profit organization. We need everyone’s help to be successful and to keep our costs down. We are always in need of adult volunteer umpires, training is provided. Please contact Allen Sliger if interested [president@eastorangelittleleague.com](mailto:president@eastorangelittleleague.com).

**Fees**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Division** | | **Registration** | | | | **# of Players** | | **Total $** |
| T-Ball (4-6) | | $90.00 | | | |  | |  |
| Coach Pitch (6-8) | | $90.00 | | | |  | |  |
| Minors Softball (8-11) | | $90.00 | | | |  | |  |
| Minors Baseball (8-11) | | $90.00 | | | |  | |  |
| Majors Softball (10-13) | | $90.00 | | | |  | |  |
| Majors Baseball (10-13) | | $90.00 | | | |  | |  |
| Seniors Softball (13-16) | | $90.00 | | | |  | |  |
| Seniors Baseball (13-16) | | $90.00 | | | |  | |  |
| Challengers (4-18) | | N/A | | | |  | |  |
| Multi player Discount | | -$15.00 | | | |  | |  |
|  | |  | | |  | |  |  |
| **Total Payment:** |  | |  |  | |

Medical Release / Commitment Agreement / Photography Release

I, the parent/guardian of the above-named child / children for a position on an East Orange County Little League (EOCLL) team, hereby give my approval to participate in all Little League activities, including transportation to and from the activities. I know that participation in baseball 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 EOCLL , Little League Baseball Incorporated, the organizers, sponsors, supervisors, participants and persons transporting my child whether result of negligence or for any other cause.

I agree that my child may be required to try out for a team. If such child does not attend at least 50% of the tryouts, the local Board of Directors approval is required for such candidate to be placed on a team. I will furnish a certified birth certificate of the above-named candidate to League Officials. I agree that, as baseball is a team sport, I will notify the coach or assistant coach if a game cannot be attended. Missing multiple practices can result in lack of play during the games and even dismissal with the team. Each instance will be handled as a case by case instance. The league affirms it will make every effort to accommodate the ball players and be open for communication. We will work with the families to have a healthy team and healthy competition.

I/We understand that EOCLL Baseball uses http://www.eastorangelittleleague.com/ and <https://www.facebook.com/eastorangelittleleagueva/> as its official online network. I hereby give my consent to East Orange County Little League for the collection and use of personal information and/or photographs of my child/children on this website and the leagues Facebook page. Unless a specific written request is submitted to the League President [president@eastorangelittleleague.com](mailto:president@eastorangelittleleague.com).

Please submit a Medical Release form for each player with this application.

Parent / Guardian Name:

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Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_