

SHIRT SIZE \_\_\_\_\_

# ONTARIO MOUNTAIN VIEW LITTLE LEAGUE APPLICATION TO PLAY

LL AGE \_\_\_\_\_ TRYOUT \_\_\_\_\_

PRINT THE CHILD'S NAME  
AS IT APPEARS ON BIRTH  
RECORD

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

BORN \_\_\_\_ / \_\_\_\_ / \_\_\_\_

IF CHILD USES ANOTHER  
NAME- PRINT HERE

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Nickname \_\_\_\_\_

MALE  
 FEMALE

Street Address \_\_\_\_\_

City \_\_\_\_\_

Zip \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Alternate Phone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Participation in Little League baseball requires the ability to run, throw, swing a bat and catch a ball. Additionally, participation requires the capacity to understand the rules of the game. Does your child have any current condition that limits his/ her ability to participate in this activity? Yes  No  If YES, please explain and identify any modification that would enable your child to participate. (on the other side)

I the parent of the above named candidate for a position on a Little League team, hereby give my approval to participate in any and all Little League activities and required tryouts, including transportation to and from the activities; I do hereby waive, release, absolve, indemnify and agree to hold harmless the local Little League, Little League Baseball inc., the organizers, sponsors, 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 causes, except to the extent and in the amount covered by accident and liability insurance.

I agree to return upon request the uniform and other equipment issued to my child in as good as 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/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Did child play Little League last year?

Yes  No  If YES, what division and team? \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Are siblings applying to play? Yes  No  Give First and Last Names: \_\_\_\_\_

Are you available to Coach, Manage, or Help the League? Yes  No  Specify: \_\_\_\_\_

### LITTLE LEAGUE OFFICIAL USE ONLY

I have examined this application and supporting documents for proof of residency and age and find both to be in accordance with Little League Rules and Regulations

Cash  Check # \_\_\_\_\_  Discount: \_\_\_\_\_

**Proof of Birth:**  Birth Certificate Country/State \_\_\_\_\_ Birth Year \_\_\_\_\_

Board Members Initials \_\_\_\_\_  Fundraiser Buy Out \_\_\_\_\_

Other: Document \_\_\_\_\_

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

**Proof of Residency**  Utility Bill  Other: \_\_\_\_\_

### LITTLE LEAGUE MEDICAL AND PARENT MEDICAL TREATMENT AUTHORIZATION

#### Authorization and Consent for Medical Care to a Minor

#### Pursuant to California Civil Code Section 25.8

The undersigned to hereby authorize and appoint Ontario Mountain View Little League or such substitute as may be designated, as agent for the undersigned to consent to any x-ray, examination, anesthetic, medical dental or surgical diagnosis or treatment and hospital care for the minor named above which is deemed advisable by and to be rendered under the general or special supervision of any physician and surgeon, licensed under the provision of the medical practice act or dentist, at a hospital or elsewhere.

The authorization will remain effective while the said minor is enroute to or from or involved or participatin in any scheduled Little League activity, unless revoked in writing by the undersigned and delivered to afore said agent.

I hereby waive, release, indemnify and agree to hold harmless the local Little League Baseball Organization and its Officers and Little League Baseball, Inc., for any claim arising out of injury to my child or ward whether the results of negligence or for any other cause except, to the extent of an amount covered by accident, medical or liability insurance policy carried by the local Little League Baseball Organization.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_  Mother  Father  Guardian

#### In Case Of Emergency Please Notify

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone : (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone : (\_\_\_\_) \_\_\_\_\_

#### HEALTH HISTORY / DOCTOR & INSURANCE INFORMATION

Please list any allergies/ medical problems, including those requiring maintenance medication. (i.e. Diabetic, Asthma, Seizure Disorder)

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

The purpose of the above information is to insure that the medical personnel have the details of any medical problem which may interfere with or alter treatment

List any restrictions of activities for medical reasons: \_\_\_\_\_

Date of last Tetanus Toxoid Booster: \_\_\_\_\_

Family Physician: \_\_\_\_\_

Address: \_\_\_\_\_ Phone : (\_\_\_\_) \_\_\_\_\_

**Medical Insurance Information:** Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_