

**NELSON COUNTY PARKS & RECREATION DEPARTMENT**  
**LITTLE LEAGUE BASEBALL REGISTRATION FORM**  
**P.O. BOX 442 LOVINGSTON, VA 22949 434-263-7130 FAX 434-263-6022**  
**Form MUST be at the NCPRD office before registration deadline**

NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_/\_\_\_/\_\_\_ GENDER: \_\_\_ Male \_\_\_ Female

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

CIRCLE SHIRT SIZE : **YOUTH** - small med large **ADULT** - small med large x-large xx-large  
 (6-8) 10-12) ( 14-16) (34-36) (38-40) (42-44) (46-48)

PRACTICE SITE: \_\_\_ Lovington (Lions Field) \_\_\_ Rockfish Elementary \_\_\_ Fleetwood  
(Practice site request will be honored as long as we have enough players in the age group)

DIVISION: \_\_\_ TeeBall (4-6yr) \_\_\_ Coach Pitch (7-9yr) \_\_\_ Majors (10-12yr) **Age as of May 1 this yr.**  
A 9 yr old may play in the Majors IF they attend a 1 day Skill Assessment Clinic (call for info.)

MOTHER/GUARDIAN: \_\_\_\_\_

FATHER/GUARDIAN: \_\_\_\_\_

Best Contact #: \_\_\_\_\_

Best Contact #: \_\_\_\_\_

Other Phone#: \_\_\_\_\_

Other Phone #: \_\_\_\_\_

EMAIL: \_\_\_\_\_ Send: \_\_\_ Just this sport info \_\_\_ Any NCPRD info  
PLEASE print clearly!

EMERGENCY CONTACT (other than parent): NAME \_\_\_\_\_ PHONE \_\_\_\_\_

List SIBLINGS that are in the SAME AGE group: \_\_\_\_\_

We need volunteers, please circle where you can help:

1. COACH      2. ASSISTANT COACH      3. TEAM PARENT      4. TEAM SPONSOR (\$150)

\_\_\_\_\_  
 AUTHORIZED PARENT/GUARDIAN SIGNATURE DATE

**Turn over & complete side 2**

\*\*\*\*\*  
 OFFICE USE ONLY

Payment: \$45/child      \_\_\_ CASH      \_\_\_ CHECK # \_\_\_      REC. # \_\_\_\_\_      \_\_\_ NCPRD STAFF

**Little League Baseball, Inc. Release:**

1. I/We, the parents/guardians of the above named candidate for a position on a Little League team, hereby give my/our approval to participate in all Little League Activities, including transportation to and from activities (if available)
2. I/We 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 the local league, Little League Baseball, Incorporated, the organizers, sponsors, supervisors, participants, and persons transporting my/our child to and from activities from any claim arising out of any injury to my/our child whether the result of negligence or for any other cause.
3. I/we agree to return upon request any uniform or other equipment that has been issued to my/our child in as good conditions as when received except for normal wear & tear.
4. I/we agree that my/our child may be required to try out for a team. If such does not attend at least 50% of the tryouts, local Board of Directors' approval is necessary for them to be placed on a team.
5. I/We understand that my/our child may be chosen at anytime to play on a Major Division team. If he/she is of correct age for such division as determined by local league rules and Little League baseball. Declining to move up to such Major Division teams will result in forfeiture of eligibility for Major Division for the current season, and may be subject to further restrictions by the local league.
6. I/We must provide proof of legal residence (as defined by Little League Baseball Inc.) and age. I/We understand that my/our child must be eligible under the residence and age regulations of Little League Baseball, inc. to participate in this Local League, and that if any controversy arises regarding residency and/or age, the decision of the Charter Committee in Williamsport shall be final and binding. I/We further understand that if any participant on a Little League team does not qualify for participation in the League based on residence (as defined by Little League Baseball, Inc.) and/or age, such participants and/or team on which he/she participates be found ineligible, and forfeit(s) and/or suspension of Tournament privileges may be decreed by action of the Charter Committee of Tournament Committee.
7. I/We will furnish a certified birth certificate of the above named player to Little League Officials.

**NCPRD Release:** \*\*\*\*\*In the event of illness or injury to my child, which in the judgment of the NCPRD staff & volunteers requires emergency medical treatment, my permission is granted to obtain immediate medical care after attempts made to contact me have been unsuccessful.

I also give permission for my child to be transported by emergency vehicle if deemed necessary by the rescue squad.

I agree to be responsible for all expenses that arise out of such actions.

I hereby release the NCPRD, The County of Nelson, and/or the Little League, Inc. from any and all claims I may have for all personal injuries my child may incur by participating in this program.

I give my permission for my child to be photographed. Pictures may be used for promotional purposes by Nelson County, Virginia

**MEDICAL RELEASE**

NOTE: To be carried by any regular season or tournament Team Manager together with team roster & eligibility affidavit.

Player: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M / F

Parent/Guardian name(s), address, phone #'s are located on the front of this form

Parent/Guardian Authorization:

In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, E/R/ Physician)

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

Address or Practice: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

In case of emergency contact:

Name	Phone	Relationship
_____	_____	_____
_____	_____	_____

Name	Phone	Relationship
_____	_____	_____
_____	_____	_____

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

Medical Diagnosis	Medication	Dosage	Frequency of Dose
_____	_____	_____	_____
_____	_____	_____	_____

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

The purpose of the above listed information is to ensure medical personnel have details of any medical condition which may interfere with or alter treatment.

I have read the releases above and agree to the conditions stated and I verify that the medical information is correct.

Authorized Parent/Guardian Signature

Date