

PO Box 766
 Olivehurst, CA 95961
 (530) 681-3177



Rebecca Canada, President
 Doug Ridley, Vice President

_____ **M F** _____
Childs Full Name as it appears on **Birth Certificate** Gender Birth Date Nick Name

_____ Street Address _____ City _____ ZIP _____ Home Phone

_____ School _____ Grade _____ Parent E-mail Address

_____ Father's Name _____ Address _____ Business Phone _____ Cell Phone

_____ Mother's Name _____ Address _____ Business Phone _____ Cell Phone

**Please list siblings living in same household along with age and division to help with placement of teams and drafting.
 There is no guarantee that your children will be placed or drafted on the same team but the league will do its best.**

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |

Please Check Division your child will be in and circle shirt size

- | | |
|--------------------------------------|--------------------------------------|
| _____ T-Ball (Age 5-6) | _____ Coach Pitch Softball (Age 7-8) |
| _____ Coach Pitch Baseball (Age 7-8) | _____ Minor Softball (9-10) |
| _____ Minor Baseball (Age 9-10) | _____ Major Softball (Age 11-12) |
| _____ Major Baseball (Age 11-12) | _____ Jr. Softball (Age 13-14) |
| _____ Jr Baseball (Age 13-14) | _____ Sr. Softball (Age 15-16) |
| _____ Sr. Baseball (Age 15-16) | _____ Challenger (Age 5-18) |

Shirt Size (Please Circle One)					
Youth S M L					
Adult S M L XL XXL					

By signing the bottom of this registration I the parent/guardian of _____, do hereby authorize my child to be treated by a Certified Emergency Personnel. (i.e. EMT, First Responder, E.R. Physician)

Insurance Carrier: _____ Policy #: _____

Doctor: _____ Phone: _____ Dentist: _____ Phone: _____

In case of emergency and I am not able to be reached please contact:

Name _____	Phone _____	Relationship _____
Name _____	Phone _____	Relationship _____

_____ I hereby give my consent to Olivehurst Linda Little League to use my child's photo in league displays, www.playolll.org, or in the newspaper.

_____ I do not give permission to have my child's photo used in league display, www.playolll.org, or in the newspapers.

I/We the parent/guardian(s) of the above named minor child, do hereby give my/our approval to participate in any and all Little League activities. I/We assume all risks and hazards incidental to such participation to and from activities, and I/We do hereby waive, release, absolve, indemnify and agree to hold harmless the local Little League Baseball, Inc., the organizers, sponsors, supervisors, participants, and persons transporting my/our child. I/We agree to provide a certified birth certificate of the above minor child to League Officials upon request.

All statements made herein, to include oral statements made to OLLL registration personnel concerning the residency of the player names herein, are true and correct to the best of my knowledge.

Signature of Parent/Guardian: _____ Date: _____

*****LEAGUE USE ONLY*****

Registration Fee	
\$ _____	Cash Check
Waiver Contract	Child Sponsor

Birth Certificate	
Yes	No
# _____	

Proof of Residency	
Yes	
No	

Medical Release	
Yes	
No	

Official League Age: _____ **Division:** _____ **Team Assigned:** _____

Registration accepted by: _____ Date: _____

 League Official Signature