

North Newark Little League/Newark RBI Baseball & Softball

Newark, New Jersey 07107

REGISTRATION FORM-SUMMER SANDLOT

PLAYER NAME _____

ADDRESS _____

CITY _____ ZIP _____

HOME PHONE _____ CELL PHONE _____

EMERGENCY PHONE _____

E-MAIL ADDRESS _____

BIRTH DATE _____ AGE _____

LAST YEARS SPRING TEAM _____

SCHOOL _____

Parent Authorization

Does your son/daughter have any health condition(s) League staff should know about? No ___ Yes ___

Explain _____

THE LEAGUE RECOMMENDS THE DISCLOSURE OF RELEVANT HEALTH INFORMATION. UNLESS THE LEAGUE IS NOTIFIED IN WRITING, COACHES AND STAFF WILL BE FORWARDED ALL INFORMATION ON THE REGISTRATION FORM, INCLUDING HEALTH CONDITIONS.

Name of family physician _____ Phone _____

In case of emergency, if family physician cannot be reached, I hereby authorize my child (name) _____ to be treated by another Physician who is available.

Ethnicity (solely for demographic purposes / please check one)

___Hispanic ___African-American ___Asian ___Native American ___Indian ___Caucasian ___Caribbean ___other

WAIVER

1. The very nature of sports is hazardous and risky, including, but not limited to, all acts of physical exertion, running, jumping, stretching, diving, and collisions with other players and with stationary objects, all of which can cause serious injury or death to me and to other players.

2. I release, discharge and agree not to sue the facility, team and/or league designated on this waiver, the field owner or other entity designated, or their owners, officers, agents, servants, associations, employees, or any person or entity connected with the facility, team, league, or field for any claim, damages, costs or cause of action which I have or may in the future have as a result of injuries or damages sustained or incurred by me from whatever cause including but not limited to the negligence, breach of contract or wrongful conduct of the parties hereby released.

3. I understand that **travel baseball is not allowed** unless is an affiliation with the school your child attends. Participants cannot play in any other league and or travel team without prior consent from the North Newark Little League Board of Directors. Requests must be in writing.

I ACKNOWLEDGE THAT I HAVE READ AND THAT I UNDERSTAND EACH AND EVERY ONE OF THE PROVISIONS IN THIS WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT AND AGREE TO ABIDE BY THEM.

Signature of Guardian if player is under 19 years-old

Paternal Assistance: I am interested in: (please check)

Team Manager _____	Coach _____	Umpire _____
Name _____	Home Phone _____	
Cell Phone _____	E-Mail address _____	

INTERNET RELEASE

I hereby authorize the North Newark Little League to use pictures and/or video of players as they are engage in League activities on the League Website and Facebook page. As a safety concern, the league will not use first names in conjunction with any player photo, nor will the League print full name or addresses of any player.

Parent / guardian signature _____

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For League Use- Do Not Fill-in Below Information THERE ARE NO REFUNDS FOR THE REGISTRATION FEE

Cash ___ Check ___ (number) _____ (name of account holder) _____

Amount _____ Date Rec'd _____ League Age of Player _____ Division _____

For More League Information visit www.nnll.info