

2019 La Habra City Little League Fall Ball Medical Release Form:

ALL PARENTS MUST READ AND SIGN

Player's Birth Date: _____

League AGE is as of August 31st 2020 (Playing as next year's age) Division next year:

PLAYER'S LEAGUE AGE according to the above WILL BE: 6-7-8-9-10-11-12-13-14 (circle one)

(SORRY NO TEE BALL)

Player's Name: _____

Player's BEST Phone # _____

Child's **Residing** Address _____ City _____ & Zip _____

I/We, the undersigned parent(s) of, _____ a minor, do hereby authorize La Habra City Little League, Inc. as agent(s) for the undersigned to consent to any medical treatment, X-ray examination, anesthetic, medical, or surgical diagnosis, or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under provisions of the MEDICINE PRACTICE ACT on the medical staff of any local hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but it is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

1. I/We, the parents of the above-named candidate for a position on a Little League team, hereby give my/our approval to participate in any and all Little League activities, including transportation to and from the activities.
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 Little League, the City of La Habra & its staff, Little League Baseball, Inc., their 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 understand that my/our child (candidate) may be required to try out for a team. If child does not attend at least 50 percent of the tryouts, the local Board of Directors' approval is required for such candidate to be placed on a team.
4. I/We agree to provide proof of legal residence (as defined by little league Baseball, Incorporated) and age. I/We understand that my/our child (candidate) must be eligible under the residence and age regulations of Little league Baseball, Incorporated, to participate in this Local League, and that if any controversy arises regarding residence 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, Incorporated) and/or age, such participant 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 or Tournament Committee
5. I/We will furnish a **Certificate of Live Birth** of the above-named candidate to local League Officials **prior to being placed on a team.**
6. I/We understand that participation in Little League Baseball, Inc. requires the ability to run, throw, swing a bat, and catch a ball. Additionally, participation requires the capacity to understand **and abide by ALL THE RULES of Little League Baseball Inc. and the local league rules of the game.**

Father's Name _____ Mother's Name _____

Father's Cell Phone _____ Mother's Cell Phone _____

Father's Work Phone _____ Mother's Work Phone _____

Email: _____ Email: _____

Family Doctor's Name: _____ Doctor's Phone: _____ Allergies _____

Medications taking _____ Insurance Co. _____ Policy No. _____

La Habra City Little League and their Insurance Company are not liable for expenses incurred for (a) damage to existing dentures, partial dentures, braces, fixed or removable bridges, and other artificial restoration (b) for broken or damaged eyeglasses, artificial limbs or orthopedic braces. We understand that the Little League insurance provided is a secondary insurance only with a **\$50 deductible that will not be paid by the local league.**

Parent Signature(s) _____

Father/Legal Guardian

Mother/Legal Guardian

ALL REGISTRATIONS MUST BE POST MARKED AND RECEIVED BY JULY 15 2019

Practices will begin mid Aug and games start Sunday after Labor Day and run thru the Sunday BEFORE Thanks giving

MAIL FORM AND PAYMENT AND IF YOU ARE NEW TO OUR LEAGUE THE COPY OF BIRTH CERT AND ONE COPY OF ANY RESIDENCY MUST BE DATED FEB 1 2018-FEB 1-2019

To LHCLL

PO BOX 964

LA HABRA CA 90633

DON'T WAIT MAIL YOUR FORMS EARLY- TO AVOID WAITING LIST