

# Bluefield Virginia Little League, Inc.

\*\*\*\*\*REGISTRATION FORMS AND FEES FOR BASEBALL/SOFTBALL are due by March 1, 2016\*\*\*\*\*

**Player Registration: \$50 for 1st player, \$40 for each additional player**

## Player Information

## Parent Information

Name: \_\_\_\_\_

Names: \_\_\_\_\_

School: \_\_\_\_\_

Address: \_\_\_\_\_

Choose Your Division		
Rookie Division Boys & Girls	Baseball Division Boys	Softball Division Girls
	Jr Minor (6-8yrs)	Jr Minor (6-8yrs)
Tee-Ball (4-6yrs)	Minors (9-10yrs)	Minors (9-10yrs)
	Majors (11-12yrs)	Majors (11-12yrs)
	Juniors (13-15yrs)	Juniors (13-15yrs)
	Seniors (14-16yrs)	Seniors (14-16yrs)
	Big League (16-18yrs)	Big League (16-18yrs)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone(s): \_\_\_\_\_

Insurance Co: \_\_\_\_\_

Insurance ID Number: \_\_\_\_\_

Does your child have a diagnosed physical or mental impairment that would limit his or her ability to participate in the BVLL baseball or softball program? If  
yes, please explain.

Male  Female  Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Height (inches) \_\_\_\_\_ Weight \_\_\_\_\_

Has this child ever played before? Yes  No

Has this child ever played with this league? Yes  No

How many total years has this child played? \_\_\_\_\_

Are you interested in playing ball this fall if available? Yes  No

Emergency Contact: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Relation to Player: \_\_\_\_\_

Uniform Information						
	Youth Sizes			Adult Sizes		
Player Shirt	S	M	L	S	M	L XL XXL
Parent Shirt				S	M	L XL XXL

**Parent Shirt Personalization:** \_\_\_\_\_

Bluefield Virginia Little League, Inc. is a community oriented sports program that utilizes the volunteers efforts of parents and guardians. Please indicate where you would be willing to spare your time.					
Coach		Tournaments	Field Prep		Fund Raising
Umpire		Concessions	Sponsor		Other

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 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, Little League Baseball, Inc, the organizers, sponsors, supervisors, participants, and person transporting my/our child to and from activities from any claim arising out of the injury to my/our child whether the result of negligence or for any other cause.

3) I/We agree to return upon request the uniform and other equipment issued to my/our child in as good conditions as when received except for normal wear & tear.

4) I/We agree that our child (candidate) may be required to try out for a team. If child does not attend at least 50% of the tryouts local Board-of-Directors approval is required for such candidate to be placed on a team.

5) I/We understand that our child (candidate) may be chosen at any time to play on a Major Division team, if he or she is of the correct age for such division as determined by the local league and Little League Baseball. Declining to move up to such Major Division team will result in forfeiture of eligibility for the Major Division for the current season, and may be subject to further restrictions by the local league.

6) I/We agree to provide proof of legal residence (as defined by Little League Baseball, Inc) and age. I/We understand that our child (candidate) 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 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 and/or age, such participant and/or team on which he/she participates be found ineligible could be required to forfeit played games and the right to play in tournaments also may be forfeited.

7) I/We will furnish a certified birth certificate of the above-named candidate to League Officials.

<b>Parent's Signature:</b> _____		<b>Date:</b> _____			
<b>*Mail applications to</b>	<b>BVLL</b>		<b>For more information</b>		
	P.O. Box 661		Tom Wimmer - President - cell 304-920-7101		
	Bluefield, VA 24605		Chuck Comer - Vice President - cell 304-320-6398		
<b>League Use:</b>					
	<i>Birth Certificate</i>	<i>Proof of Residency</i>	<i>Medical Release</i>	<i>Waiver Needed</i>	<i>Level Assigned</i>
Yes					
No					