

**FLORIDA DISTRICT 12  
BIG LEAGUE BASEBALL AND SOFTBALL REGISTRATION FORM**

A chartered member of Little League Baseball® Incorporation

**PLAYER INFORMATION**

Player's First Name:		I want to play (check off one): <input type="checkbox"/> Big League II Baseball <input type="checkbox"/> Big League II Softball	
Player's Last Name:			
Player's Address:			
Player's City:	Zip:	Phone:	
Player's Email:		I wish to receive future D12 news: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Player's school currently attending:		Coach/Team Request:	
Player's Date of birth	Month:	Date:	Year:
		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Player's home league last played with:		Did you attend High School Tryouts: <input type="checkbox"/> Yes <input type="checkbox"/> No Name of School:	
<b>Shirt size (check one):</b> <input type="checkbox"/> Adult Small <input type="checkbox"/> Adult Medium <input type="checkbox"/> Adult Large <input type="checkbox"/> Adult X-Large <input type="checkbox"/> Adult XX-Large (Failure to check one will result in an adult large ordered)			

**PARENT/GUARDIAN INFORMATION**

Parent(s) Guardian(s):		<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian	
Home Phone:	Work Phone:	Occupation:	
Cell/Pager Number:		Email Address:	
2 Parent(s) Guardian(s):		<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian	
Home Phone	Work Phone:	Occupation:	
Cell/Pager Number:		Email Address:	
Father/Guardian will help: <input type="checkbox"/> Manage <input type="checkbox"/> Coach <input type="checkbox"/> Umpire <input type="checkbox"/> Team Parent (Volunteer application must be completed)			
Mother/Guardian will help: <input type="checkbox"/> Manage <input type="checkbox"/> Coach <input type="checkbox"/> Umpire <input type="checkbox"/> Team Parent (Volunteer application must be completed)			

**EMERGENCY/INSURANCE INFORMATION**

Emergency Contact:	Emergency Phone:
Relationship to player:	
Health/Accident Insurance Carrier:	Policy Number:

**PAYMENT and RELEASE INFORMATION**

Online credit card registration is available by visiting [www.district12florida.com](http://www.district12florida.com)

**Or make all checks payable to: District 12      Playing fee: \$125.00**

Return registration and payment to:  
District 12 Florida  
c/o Mr. Steve Gottscho  
211 Hedden Court  
Palm Harbor, FL 34683

I/We, the parents/guardian of the named candidate for a position on a league team, hereby give my/our approval to participate in any and all league activities, including transportation to and from the activities. 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, Little League Baseball Incorporated, the directors, officers, organizers, sponsors, supervisors, and participants of Florida District 12, and persons transporting my/our child to and from activities for any claim arising out of any injury to my/our child whether the result of negligence or for any other cause.

Please sign: \_\_\_\_\_ Date: \_\_\_\_\_

**INTERNAL USE ONLY**

Amount Paid: \_\_\_\_\_  Check: \_\_\_\_\_  Cash  Credit Card  
Date Paid: \_\_\_\_\_ Balance Owed: \_\_\_\_\_

For further information please visit the District 12 website at [www.district12florida.com](http://www.district12florida.com)