



Greater Wildwood Little League



2017 Registration

(Register online at <http://www.greaterwildwoodlittleleague.com>)

PLAYER INFO (each player requires a separate form)

Last Name: _____ First Name: _____ Gender: Male Female
 Birthdate: ____/____/____ Shirt Size: Youth Adult
 League Age: _____ (Age on April 30 – Baseball; or January 1 – Softball) S M L XL S M L XL 2X
 Address: _____ City: _____
 Did this player play in Greater Wildwood Little League last season? _____ Team: _____

PARENT / GUARDIAN INFO / MEDICAL INFO

Parent / Guardian #1 Last Name: _____ First Name: _____
 Primary Phone: (____) _____ - Other Phone: (____) _____ -
 Email Address: _____ @ _____ Relationship to Player: _____
 Parent / Guardian #2 Last Name: _____ First Name: _____
 Primary Phone: (____) _____ - Other Phone: (____) _____ -
 Email Address: _____ @ _____ Relationship to Player: _____
 Insurance Carrier: _____ Policy Number: _____

REGISTRATION FEES (DEADLINE 3/10/2017)

Division Request:	Age (Spring 2017)	Reg. Fee
• Tee Ball (Girls & Boys)	4 – 6	\$40
• Coach Pitch (Girls & Boys)	6 – 8	\$55
• Minor Division	8 – 10	\$70
• Major League Division	10 – 12	\$70
• Junior League Baseball	13 – 16	\$85

LEAGUE USE ONLY

Paid: _____ Check # _____
 Amount: _____
 Processed By: _____
 Date: _____ Family Discount: Y / N
 Birth Certificate _____ Proof of Residency _____

FAMILY MAX = \$150 * EARLY BIRD SPECIAL: Register by 2/17/17 & take \$5 off individual registration or \$10 off Family Max *

Circle One: (Volunteer Work)

Manager/Coach Snack Bar Team Parent Score Keeper Umpire None

- 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.
- 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 Greater Wildwood Little League, the 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 results of negligence or for any other cause
- I/We agree that our child (candidate) may be required to try out for a team. If our child candidate does not attend at least the tryouts, Division or team placement may be determined by the GWLL Board of Directors.
- I/We agree to return, upon request, the uniform & other equipment issued to my/our child in as good conditions as when received except from normal wear and tear.
- I/We will furnish a certified birth certificate of the above-named candidate to Greater Wildwood Little League upon request.
- I/We verify that I/We have read and are hereby bound, to the terms and conditions written within the document entitled, "Sport Parent Code of Conduct" found upon the GWLL website within the handouts section and included in the Registration Packet.

Signature: _____ Date: _____

Return this signed form, signed medical waiver, copy of proof of residency, and copy of birth certificate to:
Greater Wildwood Little League, P.O. Box 1212, Wildwood, NJ 08260



Little League® Baseball and Softball M E D I C A L R E L E A S E



NOTE: To be carried by any Regular Season or Tournament Team Manager together with team roster or International Tournament affidavit.

Player: _____ Date of Birth: _____ Gender (M/F): _____

Parent (s)/Guardian Name: _____ Relationship: _____

Parent (s)/Guardian Name: _____ Relationship: _____

Player's Address: _____ City: _____ State/Country: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

PARENT OR LEGAL GUARDIAN AUTHORIZATION: Email: _____

In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel. (i.e. EMT, First Responder, E.R. Physician)

Family Physician: _____ Phone: _____

Address: _____ City: _____ State/Country: _____

Hospital Preference: _____

Parent Insurance Co: _____ Policy No.: _____ Group ID#: _____

League Insurance Co: _____ Policy No.: _____ League/Group ID#: _____

If parent(s)/legal guardian cannot be reached in case of emergency, contact:

Name Phone Relationship to Player

Name Phone Relationship to Player

Please list any allergies/medical problems, including those requiring maintenance medication. (i.e. Diabetic, Asthma, Seizure Disorder)

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

Date of last Tetanus Toxoid Booster: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

Mr./Mrs./Ms. _____
Authorized Parent/Guardian Signature Date:

FOR LEAGUE USE ONLY:

League Name: _____ League ID: _____

Division: _____ Team: _____ Date: _____

WARNING: PROTECTIVE EQUIPMENT CANNOT PREVENT ALL INJURIES A PLAYER MIGHT RECEIVE WHILE PARTICIPATING IN BASEBALL/SOFTBALL.
Little League does not limit participation in its activities on the basis of disability, race, color, creed, national origin, gender, sexual preference or religious preference.