| LITTLE LEAGUE <sup>®</sup> BASEBALL AND SOFTBALL |
|--|
| MEDICAL RELEASE                                  |



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

| Player:   | · · · · · · · · · · · · · · · · · · · | Date of Birth: _                     | Gend                             | er (M/F):   |
|---|---------------------------------------|--------------------------------------|----------------------------------|---|
| Parent(s)/Legal Guardian Name:  |                                       | Relationship:                        |                                  |   |
| Parent(s)/Legal Guardian Name:  |                                       |                                      | Relationship:                    |   |
| Player's Address:   | City:                                 |                                      | _State/Country:                  | Zip:  |
| Home Phone:   | Work Phone:_                          |                                      | Mobile Ph                        | one:  |
| PARENT OR LEGAL GUARDIAN  | N AUTHORIZA                           | TION:                                | Email:                           |   |
| In case of emergency, if family phys<br>Emergency Personnel(i.e. EMT, Fir |                                       |                                      | eby authorize my                 | child to be treated by Certified                          |
| Family Physician:   |                                       |                                      | _ Phone:                         |   |
| Address:  |                                       | City:                                | State                            | /Country:   |
| Hospital Preference:  |                                       |                                      |                                  |   |
| Parent Insurance Co:  | I                                     | Policy No.:                          | Gro                              | oup ID#:  |
| League Insurance Co:  | F                                     | Policy No.:                          | Lea                              | gue/Group ID#:  |
| If Parent(s)/Legal Guardian cann  | ot be reached                         | in case of eme                       | rgency, contact:                 |   |
| Name  |                                       | Phone                                |                                  | Relationship to Player                                    |
| Name  |                                       | Phone                                |                                  | Relationship to Player                                    |
| Please list any allergies/medical probler<br>Medical Diagnosis            | -                                     | requiring maintenan                  | ce medication (i.e. Di<br>Dosage | abetic, Asthma, Seizure Disorder).<br>Frequency of Dosage |
|   |                                       |                                      |                                  |   |
|   |                                       |                                      |                                  |   |
|   |                                       |                                      |                                  |   |
|   |                                       |                                      |                                  |   |
| Date of last Tetanus Toxoid Booster                                       | :                                     |                                      |                                  |   |
| The purpose of the above listed information is to                         | ensure that medical p                 | ersonnel have details                | of any medical problem           | which may interfere with or alter treatment.              |
| Mr./Mrs./Ms<br>Authorized Parent/   |                                       | Cianatura                            |                                  | Dete  |
| Authonzed Parenti   | Legal Guardiar                        | i Signature                          |                                  | Date:   |
| FOR LEAGUE USE ONLY:  |                                       |                                      |                                  |   |
| League Name:  |                                       |                                      | League ID:                       |   |
| Division:   | Tean                                  | n:                                   |                                  | _Date:  |
| WARNING: PROTECTIVE EQUIPMENT   | CANNOT PREVEI<br>BAS                  | NT ALL INJURIES A<br>BEBALL/SOFTBALL | A PLAYER MIGHT R                 | ECEIVE WHILE PARTICIPATING IN                             |

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.

## Little League® Baseball and SoftballSchool Enrollment Form

The District and the Local League will maintain this form and supporting documentation in their files. Completion of this form is only required ONCE during a participant's career, unless the school enrollment changes. A II(d) waiver would then be required.

| o Be Filled Out By                    | Parent/Legal Guardian |                                       |                   |                                |                                 |  |
|---------------------------------------|-----------------------|---------------------------------------|-------------------|--------------------------------|---------------------------------|--|
| 0ate:                                 |                       |                                       |                   |                                |                                 |  |
| League Name:                          |                       |                                       |                   | League ID#:                    |                                 |  |
| layer/Student                         | Name:                 |                                       | Do                |                                |                                 |  |
| Division:                             | □ Baseball            | Level:                                | 🗌 Tee Ball        | 🔲 LL (Majors)                  | ☐ Junior                        |  |
| (Check One)                           | □ Softball            | (Check One)                           | ☐ Minors          | Intermediate                   | Senior                          |  |
| arent/Guardic                         | an Address:           |                                       |                   |                                |                                 |  |
| ·                                     |                       | (Street)                              |                   | (City/State)                   | (Zip)                           |  |
|                                       |                       | of                                    |                   |                                | School, located at              |  |
| (Print N                              | Name)                 |                                       | (                 | Print School Name)             |                                 |  |
|                                       |                       | · · · · · · · · · · · · · · · · · · · | ;                 |                                | hereby verify that              |  |
| (Physical Address)<br>has enrolled ar |                       |                                       |                   |                                |                                 |  |
| (Print Studer                         |                       | as enimied din                        | a is allending if |                                | (Year)                          |  |
| ıcademic year                         | prior to October 1,   | of the current o                      | academic year.    |                                |                                 |  |
|                                       |                       |                                       |                   |                                |                                 |  |
|                                       |                       |                                       |                   |                                |                                 |  |
| This student has                      | been enrolled as of   | (Date)                                |                   |                                |                                 |  |
| This student has                      | been enrolled as of   | (Date)                                |                   |                                |                                 |  |
| This student has                      | been enrolled as of   | (Date)                                |                   |                                |                                 |  |
| This student has                      | been enrolled as of   | (Date)                                |                   | hool Administrator, Principal, | ne Vice Princip - <sup>11</sup> |  |

If the Charter/Tournament Committee subsequently finds that the information submitted as acceptable documentation regarding school enrollment/attendance now shows that the previously submitted information/documentation was falsified, misrepresented or insufficient, then Little League Baseball, Incorporated reserves the right to impose sanctions and/or penalties on all appropriate parties, including but not limited to players, coaches, league officials, and/or the league which could result in suspension and/or terminations with Little League Baseball, Incorporated.



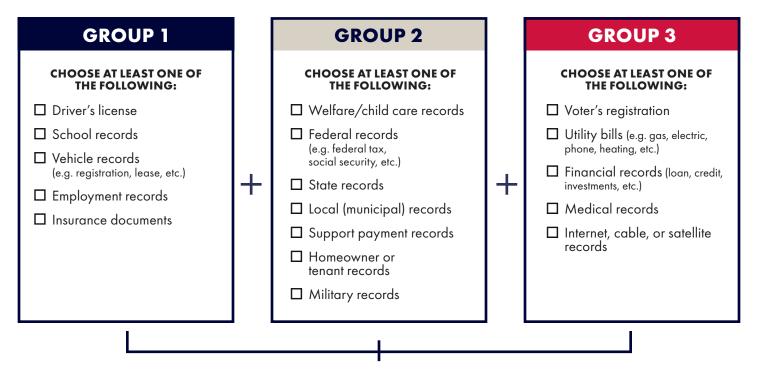
## Little League<sup>®</sup> Residency and School Attendance Eligibility Checklist

Players are eligible to play with that league only if they reside, or the physical location of the school where they attend classes is, within the boundaries provided to, and approved by, Little League<sup>®</sup> International. Complete Residency and School Attendance Eligibility Requirements can be found in the current year's Little League Official Regulations, Playing Rules, and Policies rulebook.

**NOTE:** Players who established "residence" or "school attendance" for regular season and/or tournament in a prior season using the Tournament Player Verification form, and can produce the form with proper proofs and signatures, will NOT need to complete a new Tournament Player Verification form.

## **Residency Shall be Established and Supported by:**

Documents containing the full residence which includes parent(s) or court-appointed guardian(s) name, street address, city, state, and zip code information, dated or in force between February 1 of the previous year and February 1 of the current year, from ONE or more documents from EACH of the three groups outlined below:



**Note 1:** Three documents from the same group constitute only ONE document.

**Note 2:** Certain documents may be used in different Groups, but will count for only one Group per child. Example – If a water/sewer bill is used to satisfy Group II as a municipal record, that same bill CANNOT be used as a utility bill to satisfy Group III.

## School Attendance Shall be Established and Supported by:

A document indicating enrollment for the current academic year, dated prior to October 1 of previous year, and with the physical location of the school from **ONE of the following categories:** 

- The School Enrollment Form provided by Little League (LittleLeague.org/SchoolEnrollmentForm)
- □ Official/Certified enrollment record, confirming current enrollment, that includes the school's physical address and the original signature of the school's senior administrator (principal, headmaster, etc.)

NOTE: A school-issued report card/performance record will no longer be accepted to establish school attendance.