

FOR LEAGUE USE ONLY

Shirt Size: YS YM YL YXL AS AM AL AXL AXXL

Pant Size: YS YM YL YXL AS AM AL AXL AXXL

Fundraiser Item	Quantity	Price	Totals
Sell Raffle Tickets		\$60.00	

Total of Fundraisers Purchased: _____
 Registration Dues: _____
 Late Fees: _____
 Total Amount Due: _____

Registration Date: _____
 Child: _____ of _____
 League Age: _____
 Division: _____

Payment Type: _____
 Check #: _____
 Payment Amount: _____

<p>DUE TO THE PROCESSING COSTS INVOLVED FOR THOSE REQUESTING REFUNDS FROM BEAR CREEK LITTLE LEAGUE, THE BOARD OF DIRECTORS OF THE LEAGUE HAS APPROVED AND IMPLEMENTED A CHARGE FOR SUCH REQUESTS. THIS CHARGE AMOUNTS TO \$15.00 PRIOR TO OUR DRAFT DATES AND \$40.00 AFTER DRAFT DATE BUT BEFORE THE SEASON STARTS. AFTER THE SEASON STARTS, REFUNDS WILL NOT BE GRANTED UNLESS APPROVED BY THE BOARD OF DIRECTORS. 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. I/We assume all risk and hazards incidental to such participation including transportation to and from the activities, and I/We do hereby waive, release, absolve, indemnify and agree to hold harmless the local Little League, Little League Baseball Incorporated, the organizers, sponsors, supervisors, participants and persons transporting my/our child to and from activities for any claim arising out of an injury to my/our child, whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance. I/We will furnish a CERTIFIED birth certificate of the above named candidate to League Officials. I/We do hereby authorize any person(s) in a responsible position within the Little League program, in the event of an emergency, to authorize emergency medical treatment for my/our child named herein. I/We agree to hold harmless such person(s) and such emergency care centers (hospital, doctors, nurses, providing such emergency care) for such act and to assume financial responsibility for said treatment. All Little Leagues are required to conduct a background check on volunteers. I give my permission for a background check.</p>

I DO HEREBY CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT.

Parent/Guardian Signature: _____ **Date:** _____

Parent/Guardian Name: _____