



**FOR LEAGUE USE ONLY**

**Shirt Size:**

YS    YM    YL    YXL    AS    AM    AL    AXL    AXXL    AXXXL

Registration Date:		Registration Dues:	
Child:	of	Late Fees:	
League Age:		Total Amount Due:	
Division:		Payment Type:	
		Check #:	
		Payment Amount:	

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&lt;p&gt;DUE TO THE PROCESSING COSTS INVOLVED FOR THOSE REQUESTING REFUNDS FROM BLANCO LITTLE LEAGUE, THE BOARD OF DIRECTORS OF THE LEAGUE HAS APPROVED AND IMPLEMENTED A CHARGE FOR SUCH REQUESTS. THIS POLICY ALLOWS FOR REFUNDS PRIOR TO OUR DRAFT DATES AND CHARGES 50% OF THE REGISTRATION FEE AFTER THE 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 agree to return upon request the uniform and other equipment issued to my/our child in as good condition as when received except for normal wear and tear. 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.&lt;/p&gt;

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

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_