



SSC Player Registration Form

Mail to: Cardinal Little League - 2908 G St - South Sioux City - NE - 68776

Player Information

Player Name: _____ Birthdate (mm/xx/yyyy): ____/____/____ **Shirt Size** _____

Address: _____ Gender: Male Female

Address 2 (if applicable): _____ League Age: _____ League Fee: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

My child will: Baseball Softball **4-6yr old \$35 7-12 yr old \$55 13-18 yr old \$75(circle one)**

Parent/Guardian Information

Parent/Guardian #1

Name: _____

Phone: _____

Email: _____

Occupation: _____

Volunteer? Yes No
If yes, fill out "Volunteer Application"

Parent/Guardian #2

Name: _____

Phone: _____

Email: _____

Occupation: _____

Volunteer? Yes No
If yes, fill out "Volunteer Application"

Medical Information

Emergency contact: _____ Insurance carrier: _____

Relationship to player: _____ Phone: _____

Phone: _____ Policy: _____

Terms and Conditions

- (1) I/We, the parents/guardians of the above-named candidate for a position on a SSC team, hereby give my/our approval to participate in any and all activities, including transportation to and from the activities.
- (2) 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 SSC Baseball and Softball 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 result of negligence or for any other cause.
- (3) If applicable, I/We agree to return upon request the uniform and other equipment issued to my/our child in as good conditions as when received except for normal wear and tear.
- (4) I/We agree to provide proof of legal residence or school enrollment and age. I/We understand that our child (candidate) must be eligible under the residence/school attendance and age regulations of SSC Baseball and Softball, to participate in this Local League, and that if any controversy arises regarding residence/school attendance and/or age, the decision of the SSC Baseball and Softball Committee.
- (5) I/We agree that our child (candidate) may be required to try out for a team. If such does not attend at least 50 percent of the tryouts, local Board-of -Directors' approval is required for such candidate to be placed on a team.
- (6) If applicable, I/We understand that our child (candidate) may be chosen at any time to play on a Major Division team, if he or she is of the correct age for such division as determined by the local league. Declining to move up to such Major Division team will result in forfeiture of eligibility for the Major Division for the current season, and may be subject to further restrictions by the local league.
- (7) I/We will furnish a certified birth certificate of the above-named candidate to League Officials.

Signature: _____

Date: _____

Internal Use Only:

Birth Certificate: Yes No

Medical Release Form Yes No

Proof of Residency or Yes No

School Enrollment

Waiver Needed? Yes No

Level Assigned: _____

Team Name: _____