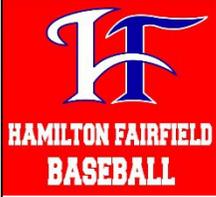


HAMILTON FAIRFIELD LITTLE LEAGUE BASEBALL & SOFTBALL 2022 REGISTRATION FORM



REGISTER NOW ONLINE - www.hfllloh.org

DON'T MISS THE OPPORTUNITY FOR YOUR KIDS TO PLAY ON "LITTLE FENWAY" AND "LITTLE WRIGLEY" FIELDS AT CRAWFORD WOODS!!

Mail Registrations to: HAMILTON FAIRFIELD LITTLE LEAGUE, PO BOX 1023 HAMILTON, OH 45012-1023

**** GAMES ARE PRIMARILY PLAYED AT CRAWFORD WOODS PARK ON HANCOCK AVENUE IN HAMILTON ****

<u>DIVISION</u>	2022 Cost
T-Ball (6U) co-ed	\$85.00
Coach Pitch (8U) baseball	\$115.00
Minors (10U) baseball	\$115.00
Majors (12U) baseball	\$115.00
Juniors (14U) baseball	\$125.00
Softball <u>all</u> divisions	\$115.00

BASEBALL: League age is based on player's age as of 8/31/22

SOFTBALL: League age is based on player's age as of 12/31/21

Max registration fee per family for all divisions is \$250.

t-ball co-ed (6u)

Coach pitch (8U) softball

Coach pitch (8u) baseball

Minors (10U) softball

Minors (10U) baseball

Majors (12U) softball

Majors (12U) baseball

Juniors (14U) softball

Juniors (14U) baseball

PAID: AMOUNT: PAYMENT TYPE: SHIRT SIZE: RECEIVED BY:

PLAYER INFORMATION (please print clearly – all fields required)

Last Name: _____ First Name: _____

_____ M/F _____

School & Grade: _____ DOB: _____

Address: _____ City: _____

_____ Zip: _____

Phone numbers for coaches call system: Phone #1: _____ Phone
#2: _____

Parent's e-mail address:

Note: Any Parent/Guardian seeking financial aid through the league must have a financial assistance form filled out for every child. Registration will be considered incomplete without the form. This form is available through our downloads at www.HFLLOH.org

AUTHORIZATION AND RELEASE OF LIABILITY

I, the parent or guardian of the above named-child, authorizes the participation of my child with Hamilton Fairfield Little League (the "LL"). I understand that the "LL" is a non-profit sports program for youth and that my child's participation is voluntary and not essential to completion of requirements for any other program. I understand and agree that my child's participation in athletic and other activities with the "LL" necessarily involves the risk of injury and even death from various causes, including but not limited to accidents, falls, strenuous and prolonged physical activity, dehydration, illness, collision, or dispute with other participants, weather related injuries, playing area, and equipment defects, and negligence of coaches and referees. On behalf of my child, me, and my family, I assume these risks.

In consideration of the privilege of my child's participation in the "LL", and on behalf of my child and me as parent/guardian, I hereby release, discharge, hold harmless and indemnify, and covenant not to sue, the "LL", Little League Int'l., and all of the "LL"'s directors, officers, employees, volunteers, insurers, agents, and representatives, and all other persons associated with the "LL". I am a legally responsible parent or guardian of the above-named child. If any provision of the Release of Liability is deemed invalid, the remaining provisions shall remain in full force and effect. The Release of Liability shall be binding on me, my family, heirs, next of kin, legal representatives, beneficiaries, successors, and assigns. I give permission for free use of my child's name and picture in broadcasts, internet, telecasts, or written accounts for any participation in an "LL" sponsored event.

MEDICAL CONDITIONS

I understand that participation in the "LL" may involve strenuous and prolonged physical activity. I agree that my child is healthy and able to participate in the "LL" activities. I understand that the "LL" will request health information concerning my child.

CONSENT TO MEDICAL TREATMENT

In the event my child is injured or becomes ill in any "LL" activities, and if I, the parent or guardian of the above-named child, am not present to make medical decisions, I hereby authorize the "LL", its staff, volunteers, including volunteer parent participants, coaches, assistant coaches, and referees, supervisors, and drivers, to arrange for and consent on my behalf to emergency medical and dental care and treatment, including tests and radiological exams, and surgery, and hospital care and treatment, and to consent to medications for pain and other conditions as prescribed by medical personnel attending my child. I am responsible for payment of any medical charges or expenses not covered by my insurance or the insurance applicable to my child (if any).

My signature below indicates that all information provided in this form is true and accurate, and that I fully agree to all statements made on the form, including but not limited to the Authorization and Release of Liability, Medical Conditions, and Consent to Medical Treatment. Each responsible parent/guardian should sign.

Parent/Guardian (Print): _____ Signature: _____ Date: _____