



Little League® Baseball and Softball School Enrollment Form



Date Requested: _____

League Name: _____ League ID# _____

Player/Student Name: _____ Date of Birth: _____

Division: (Check One)	<input type="checkbox"/> Baseball	Level: (Check One)	<input type="checkbox"/> Tee Ball	<input type="checkbox"/> LL (Majors)	<input type="checkbox"/> Junior
	<input type="checkbox"/> Softball		<input type="checkbox"/> Minors	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Senior
					<input type="checkbox"/> Big

Parent/Guardian Address: _____
Street City/State Zip

Name (Printed) of Parent/Legal Guardian

Signature of Parent/Legal Guardian

Date

To be filled out by School Administrator, Principal or Vice Principal

I, _____ of _____ School, located at
Print Name Print Name

_____. Hereby verify that _____
Physical Address Student Name Printed

has enrolled and is attending above named school location for the _____ academic year prior to
Year

October 1st, of the current year.

This student has been enrolled as of _____
Date

Signature

Date

Title (School Administrator, Principal or Vice Principal or Superintendent)

If the Charter/Tournament Committee subsequently finds that the information submitted as acceptable documentation regarding league/tournament 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.

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.