



Player Name: \_\_\_\_\_

## 2017 Fall Ball Registration Form

**Please print clearly:**

*Player Name:		Date:	
*Birth Date:	*Age as of (December 31, 2017)	Check One: <input type="checkbox"/> Male <input type="checkbox"/> Female	
*Did he/she play for PLL last season: <input type="checkbox"/> Yes <input type="checkbox"/> No		*If Yes-Division & Team Name:	
*Parent/Guardian Name:		*Home Phone:	*Cell Phone:
*Relation:	*Email:		
*Address (Street, City, Zip):			
Parent/Guardian Name:		Home Phone:	Cell Phone:
Relation:	Email:		
Address (Street, City, Zip):			

**\*Division Requested** (to determine your child's baseball age see <http://pocketlittleleague.com/players/age-calendar/>):

<input type="checkbox"/> Majors ages 11-12, \$50	
<input type="checkbox"/> AAA Minor ages 9-10, \$50	<input type="checkbox"/> AA Minor ages 7-8, \$50

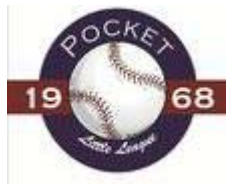
**Note: Placement of all players will be determined by PLL.**

**All divisions will have practice a minimum of once per week (most likely Wednesday) at Conlin beginning the week of September 10th. Games will be held on weekends (most likely Sunday). Registered Fall Ball players will be provided with a Fall Ball hat and jersey.**

**Please mail the completed registration form, medical release and payment to:  
POCKET LL FALL BALL  
P.O. Box 221872  
Sacramento, CA 95822**

\*\*\*PLEASE REGISTER BY AUGUST, 31, 2017 (but late registrations will be accepted)\*\*\*

\* =mandatory information



Player Name: \_\_\_\_\_

\_\_\_\_\_  
\*Initial I/We the parent(s) or Guardian(s) of the above named candidate here by give my/our approval for his/her participation in 2017 Pocket Little League Fall Ball.

\_\_\_\_\_  
\*Initial I/We assume all risks and hazards incident to such participation and agree to hold harmless Pocket Little League, Little League Baseball, Inc., and its Local Board for any claim arising out of any injury to my/our child.

\_\_\_\_\_  
\*Initial I/We hereby acknowledge that the final placement of my/our child on a team is the prerogative of Pocket Little League.

\_\_\_\_\_  
Initial I/We give permission for photographs or videos of my child/children to be used in a brochure, web page, or in newspapers or other means to promote Pocket Little League.

\_\_\_\_\_  
\*Initial I/We have read and agree to abide by the Code of Conduct as included in the Pocket Little League By-Laws (<http://pocketlittleleague.com/about/constitution>)

*Parents Signature:	*Date:
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Thank you for supporting Pocket Little League