

Windsor International Little League Registration Form

League I.D. # 207-08-17

Player Information:

Last Name:	First Name:	Middle Initial:
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Street Address:		
Town: Windsor	State: CT	Zip Code: 06095

Phone:	Sex:	Date of Birth:
Email:		

Grade:	School:
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Parent(s) or Guardian(s) Information:

Father's Last Name:	First Name:	Phone:
Email:		
Mother's Last Name:	First Name:	Phone:
Email:		
<p>I/We the parent(s) or legal guardian(s) 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, including transportation to and from the activities.</p> <p>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 the local little league, Little League Baseball, Inc., the organizers, sponsors, participants and parents transporting my/our child to and from activities for any claims arising out of any 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.</p> <p>I/We agree to return upon request the uniform and other equipment issued to my/our child in as good a condition as when received except for normal wear and tear.</p>		
Parent(s) or Guardian(s) Signatures:		Date:

Checks should be made payable to: **WILL**
Mailing Address: Windsor International Little League, P.O. Box 199, Poquonock, CT 06064
\$25 Return Check Fee

League Use:	BC: _____	LA: _____	Past Level: _____	Check Data: _____
	New: _____	Addr: _____	New Level: _____	