

LES-OLS LITTLE LEAGUE
213 Stanton Street, New York, NY 10002
(212) 673-0900, ext. 306
SPORTS CONTRACT



- Birth Certificate
- Medical Release
- RBI Form
- Fee: Receipt # _____
- Pictures
- School Enrollment
- Beacon Form

GIRLS SOFTBALL

- 13-15 yrs. (15u) 16-18 yrs. (18u)

TEAM: _____ **DRAFT**

PLAYER'S FIRST NAME (PRIMER NOMBRE DEL JUGADOR) (Print)		PLAYER'S LAST NAME (APELLIDO DEL JUGADOR) (Print)	
STREET ADDRESS (DIRECCION)			APT.
CITY (CIUDAD)	STATE (ESTADO)	ZIP (ZONA)	HOME/MOBILE TELEPHONE (TELEFONO)
EMAIL ADDRESS (CORREO ELECTRONICO)			PLAYER'S SCHOOL (ESCUELA DEL JUGADOR)
DATE OF BIRTH (MONTH/DAY/YEAR) / /	AGE OF PLAYER AS OF DEC 31, 2018	GENDER: FEMALE	
ETHNICITY: <input type="checkbox"/> Asian/Pacific Islander		<input type="checkbox"/> Black/African American (non Hispanic/Latino)	
<input type="checkbox"/> Hispanic/Latino		<input type="checkbox"/> White (non Hispanic/Latino)	
<input type="checkbox"/> Other (explain):			
DO YOU LIVE IN NYC PUBLIC HOUSING? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHICH NYC PUBLIC HOUSING? <input type="checkbox"/> Baruch <input type="checkbox"/> Gompers <input type="checkbox"/> Lillian Wald <input type="checkbox"/> Riis <input type="checkbox"/> Other: _____		
PARENT(S) NAME (NOMBRE DE PADRE(S))		PARENT(S) TELEPHONE (TELEFONO DE PADRE(S))	
RELATIONSHIP TO PLAYER (PARENTESCO AL NINO/A) <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> OTHER _____		OTHER CONTACT NAME/NUMBER (OTRO CONTACTO/NUMERO)	
EMERGENCY CONTACT NAME (NOMBRE DE EMERGENCIA)		EMERGENCY CONTACT PHONE (TELEFONO DE EMERGENCIA)	
DOES THE PLAYER HAVE ALLERGIES, TAKE MEDICATION OR HAVE A SPECIAL MEDICAL CONDITION? IF SO, PLEASE LIST.			

Are you interested in buying a parent's team t-shirt (circle one)? YES NO Size(s) _____

Are you interested in coaching a team/Quisiera manejar un equipo? YES NO

RELEASE FORM

I/We am aware and know that participation in baseball or softball as well as any traveling involved in this activity may result in serious injuries and protective equipment does not prevent all injuries to players. and do hereby waive, release, absolve, and agree to hold harmless the Archdiocese of NY, OLS Little League, Our Lady of Sorrows Church, Our Lady of Sorrows Sports and Arts Kids League, LES-OLS LL, Little League Baseball Inc., organizers, coaches, managers, sponsors and volunteers from any liability arising from injury as a result of this activity.

REQUIREMENTS

- (1) PLAYER, FRIENDS AND ALL FAMILY MEMBERS MUST OBEY **ALL LEAGUE RULES** WHICH WILL BE EXPLAINED BY YOUR TEAM'S MANAGER. (2) PARENT MUST ATTEND A LEAGUE-WIDE MEETING. (3) LEAGUE FEE PAID IN FULL (4) SUBMIT TWO PHOTOS AND A COPY OF PLAYER'S BIRTH CERTIFICATE. (5) *PLAYER MUST PLAY AT LEAST A MINIMUM OF 75% OF THE GAMES IN THE SEASON TO RECEIVE A TROPHY.*

PLAYER'S SIGNATURE _____

PARENT/GUARDIAN'S SIGNATURE _____ RELATIONSHIP _____

PARENT/GUARDIAN'S NAME (PRINT) _____ DATE _____

This League Official certifies that the Parent/Guardian has completed this application.

LEAGUE OFFICIAL SIGNATURE _____ DATE _____