

Program Desired:
T-BALL _____
BASEBALL _____
SOFTBALL _____
 *Home League

Morada Little League
 P.O. Box 8905, Stockton, CA 95208
 (209) 931-1533 www.moradall.org

League Use Only
Property Player: Yes No
Team: _____

Player Information

Name: _____ Home Phone: _____
 First Last

Date of Birth: ____/____/____ Age: ____ Sex: ____ Lives With: Both/ Mother/ Father/ Other

Address: _____
 Street City Zip Code

Siblings Playing in MLL: _____

Uniform Sizes - Circle One

BASEBALL Shirt Size: YS YM YL AS AM AL AXL

SOFTBALL Shirt Size: GS GM GL LS LM LL LXL

Parent/Guardian Information

Mother/Guardian: _____
 First Last

Address: _____
 If Different Street City Zip Code

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____ Occupation: _____

Membership to Morada Little League Yes / No
Must be a member to vote, run for offices or Manage/Coach

Father/Guardian: _____
 First Last

Address: _____
 If Different Street City Zip Code

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____ Occupation: _____

Membership to Morada Little League Yes / No
Must be a member to vote, run for offices or Manage/Coach

**** Medical/Liability Release ** (REQUIRED)**

In the event of an emergency, if family physician cannot be reached, I hereby give authorization to obtain treatment for the above named minor. This authorization covers any emergency treatment deemed necessary by the attending physician, nurse practitioner, nurse or emergency medical technician. I understand that I, the undersigned, am responsible for all medical costs and that Morada Little League and Little League of America insurance is that co-insurance and shall not be considered primary insurance. There is a per incident deductible and coverage limitations. I/We, the parents and or guardian of the above named candidate for a position on a league team, hereby give my/our approval to participate in any and all league activities. I/We assume all risk and hazards incidental to such participation, including transportation to and from the activities; and I/we do hereby waive, release, absolve, indemnity and agree to hold harmless Morada Little League, the chartering organization, the organizers, sponsors, participants and persons transporting my/our child to and from activities; for any claim arising out of an injury to my/our child, whether the result of negligence or from any other cause, except to the extent and in the amount covered by accident and liability insurance. I/We understand that the insurance carried by this league covers only the amount that is not paid by my/our carrier. I/We agree to return upon request the uniform and other equipment issued to my/our child in as good as condition as when issued except for normal wear and tear. I/We will furnish a certified birth certificate of the above named candidate to league officials.

Family Physician: _____ Phone: _____

Insurance: _____ Id Number: _____

Date of Last Tetanus Toxoid Booster: _____

Special Medical Concerns and Allergies: _____

I/We agree to volunteer our time as requested to support the league.

Parent/Guardian Signature: _____ Date: _____

League Use Only

Birth Certificate Verified by: _____ 3 Address Verified by: _____ Little League Age: _____

Payment Method: _____ Amount Paid: _____ Membership Paid: **Mother Father**