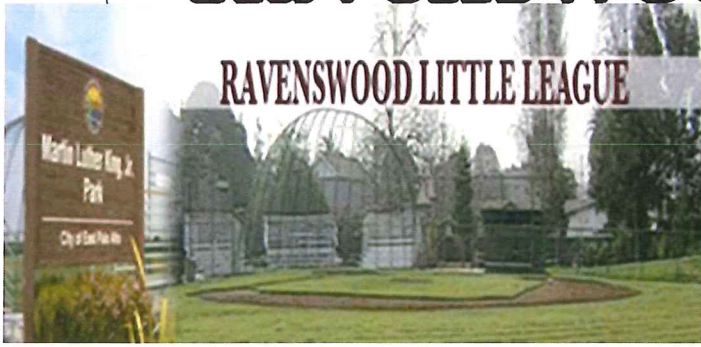


# Ravenswood Little League



For East Palo Alto & East Menlo Park Residents

Boys & Girls Ages 5-12



## Requirements:

- Copy of birth certificate
- \$100 player fee
- 3 Proofs of residency

## Contact us at:

**(408)390-9986 David Rages II President**  
**(650) 208-9158 en español**

[www.Ravenswoodlittleleague.org](http://www.Ravenswoodlittleleague.org)

\_\_\_\_\_ I/We, the parents/ guardians of the below 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.

\_\_\_\_\_ I/We know that participation in baseball may result in serious injuries and protective equipment does not prevent all injuries to players. Little League Baseball, Incorporated, the organizer, sponsors, supervisors, participants, and persons transporting my/our child to and from activities are released from any claim arising from any injury to my/ our child, whether the result is of negligence or any other cause.

\_\_\_\_\_ I/We agree to return upon request the uniform and other equipment such as glove and etc., issued to my/ our child in as good conditions as when received except for normal wear and tear.

\_\_\_\_\_ I/We will furnish a certified birth certificate and proof of residency of the below named child to League Officials

\_\_\_\_\_ I/We assume all liability from all damages to my personal vehicle due to errant baseballs at Martin Luther King Park, or other fields that my child will participate.

\_\_\_\_\_ I/We grant Ravenswood Little League permission to photograph and to publish stories and photos thru various types of media of me and my child. I understand my child may appear in photo images, videos or be referred to in an article or caption.

Players Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: M F Size: \_\_\_\_\_

Parents Name: \_\_\_\_\_

Willing to volunteer: Y N

What area: \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Address: \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Insurance carrier: \_\_\_\_\_

Policy #: \_\_\_\_\_

Doctor/Hospital: \_\_\_\_\_

Phone #: \_\_\_\_\_

Emergency contact:

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

Number: \_\_\_\_\_

