



## Player Registration Form

Please check the box if your player is available to participate in our Summer League

<b>Last Name</b>	<b>Birth Date</b> ____ / ____ / ____
<b>First Name</b>	
<b>Address</b>	
<b>Medical Conditions</b>	
<b>Parent Name(s)</b>	
<b>Alternate Name(s)</b>	

	<b>Home Phone</b>	<b>Cell Phone</b>	<b>E-mail</b>
<b>Player</b> ( )	( )	( )	
<b>Mother</b> ( )	( )	( )	
<b>Father</b> ( )	( )	( )	
<b>Alt</b> ( )	( )	( )	

**MOUNT KISCO LITILE LEAGUE PEMISSION:**

I GIVE PERMISSION TO THE ABOVE NAMED PLAYER TO PARTICIPATE IN ANY AND ALL ACTIVITIES SANCTIONED BY THE MT. KISCO LITTLE LEAGUE AND ASSUME ALL RISKS AND HAZARDS INCIDENTAL TO SUCH PARTICIPATION INCLUDING TRANSPORTATION TO AND FROM THESE ACTIVITIES. I HEREBY WAIVE, RELEASE, ABSOLVE, INDEMNIFY AND AGREE TO HOLD HARMLESS THE MT. KISCO LITTLE LEAGUE, INC., LITTLE LEAGUE BASEBALL, INC., THE TOWN OF MOUNT KISCO, THE ORGANIZERS, SPONSORS, DIRECTORS, MANAGERS, COACHES, UMPIRES, PARTICIPANTS AND ANY PERSON TRANSPORTING THE ABOVE NAMED PLAYER, FOR ANY CLAIM ARISING OUT OF INJURY, WHETHER THE RESULT OF NEGLIGENCE OR FROM ANY OTHER CAUSE, EXCEPT TO THE EXTENT AND IN THE AMOUNT COVERED BY ACCIDENT OR LIABILITY INSURANCE. I GRANT PERMISSION FOR THE ABOVE NAMED PLAYER TO RECEIVE EMERGENCY MEDICAL TREATMENT DEEMED NECESSARY IN MY ABSENCE. I FURTHER AGREE TO ABIDE BY ALL OF THE RULES AND REGULATIONS OF LITTLE LEAGUE BASEBALL, INC. AND THOSE OUTLINED IN THE MT. KISCO LITTLE LEAGUE RULES.

**SIGNATURE OF PARENT**

**DATE:**

Please fax this form to 815-301-8260 and remit fee on-line at [www.MKLL.org/home/forms.html](http://www.MKLL.org/home/forms.html)

–or– mail this form with a check payable to:

Mt. Kisco Little League, POB 606, Mount Kisco, NY 10549  
**Fee \$125**



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Thank you!