



2024 SOFTBALL REGISTRATION FORM

Player Information (Please print)

Name: _____
 First _____ Last _____ Birth date _____
 Address _____ Gender _____
 City/State/Zip _____
 School Attended _____
 Do you have your own helmet? _____ Requested Jersey # _____
 Scholarship Needed? Yes _____ No _____

Circle your shirt size	Youth Small	Youth Medium	Youth Large	Adult Small
	Adult Medium	Adult Large	Adult XL	Adult XXL

Volunteering: Please check all areas of interest:

Board Member ☐ Coach/Assist ☐ Umpire ☐ Concession ☐ Maintenance ☐ League Sponsor ☐

League Use Only:

Tee Ball	Ages 4-6	\$50 per player	<input type="checkbox"/>	Birth Certificate: yes <input type="checkbox"/> no <input type="checkbox"/>	Proof of Residency: yes <input type="checkbox"/> no <input type="checkbox"/>
Minors	Ages 5-11	\$150 per player	<input type="checkbox"/>	Medical Release: yes <input type="checkbox"/> no <input type="checkbox"/>	Waiver needed? yes <input type="checkbox"/> no <input type="checkbox"/>
Majors	Ages 9-12	\$150 per player	<input type="checkbox"/>	League age:	Coach requested:
Juniors	Ages 12-14	\$170 per player	<input type="checkbox"/>	Level Assigned:	Hat Issued: yes <input type="checkbox"/> no <input type="checkbox"/>
Seniors	Ages 13-16	\$170 per player	<input type="checkbox"/>	Pancake Breakfast tickets issued:	yes <input type="checkbox"/> no <input type="checkbox"/>
Pancake Breakfast Tickets		\$50 per player	<input checked="" type="checkbox"/>	Pancake Breakfast ticket #s:	_____ - _____

Total Amount Paid: \$_____, Check# _____, Credit (last 4 digits) _____ or Cash Date _____

IMPORTANT NOTES:

- If you cannot attend a registration, mail form and fees to: RIMLL PO Box 904 Milan, IL 61264
- Make checks payable to RIMLL (Rock Island Milan Little League).
- Multi-child discount: Fee reduced by \$20 for each additional sibling within the family.
- A player may play up into the next league but cannot play below her age level (skills Assessment required to play up).
- All Star player tryouts will be May 11, 2024.
- **Registration closes March 23, 2024.**

Parent #1 Information:

Name: _____
First Last Occupation
Address _____
City/State/Zip _____
Home Phone _____ Cell Phone _____
Email _____

Parent #2 Information:

Name: _____
First Last Occupation
Address _____
City/State/Zip _____
Home Phone _____ Cell Phone _____
Email _____

1. I/We, the parents/guardians 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.
2. I/We know that participation in 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, Incorporated, the organizers, sponsors, supervisors, participants, and persons transporting my/our child to and from activities from any claim arising out of any injury to my/our child whether the result of negligence or for any other cause.
3. I/We agree to return all equipment issued to my/our child/team in as good conditions as when received except for normal wear and tear.
4. I/We understand that our child (candidate) may be chosen at any time to play on a Major Division team, if he or she is of the correct age for such division as determined by the local league and Little League Softball. Declining to move up to such Major Division team will result in forfeiture of eligibility for the Major Division for the current season and may be subject to further restrictions by the local league.
5. I/We agree to provide proof of legal residence (as defined by Little League Baseball, Incorporated) and age. I/We understand that our child (candidate) must be eligible under the residence and age regulations of Little League Baseball, Incorporated, to participate in this Local League, and that if any controversy arises regarding residence and/or age, the decision of the Charter Committee in Williamsport shall be final and binding. I/We further understand that if any participant on a Little League team does not qualify for participation in the league based on residence (as defined by Little League Baseball, Incorporated) and/or age, such participant and/or team on which he/she participates be found ineligible, and forfeit(s) and/or suspension of Tournament privileges may be decreed by action of the Charter Committee or Tournament Committee.
6. I/We will furnish a certified birth certificate of the above-named candidate to League Officials. ®
7. The RIMLL does take pictures of the activities, practices, games and participants during the normal course of the season, as well as any function pertaining to RIMLL. I/We agree to allow the RIMLL or its agents to take pictures and use them for publicity, in flyers, on their website, and/or on their Facebook page.
8. **I/We understand that there is an \$50.00 charge for 10 Pancake Breakfast tickets at the time of registration. I/we get to keep the funds collected from the initial sale of those 10 tickets once sold. For example, if you sell all 10 tickets, you recoup your initial \$50 charge and you earn an additional \$50. You can sell as many or as little tickets as you'd like.**

Signature _____ **Date** _____

Rock Island-Milan Little League | PO Box 904, Milan, IL 61264

President: Kirk McKnight 563.320.0104 | Rockisland.milan.littleleague@gmail.com

RIMLL.org | www.facebook.com/TheRockIslandMilanLittleLeague

