

# Burlington Little League Registration Application



**Player Information**    *Fill in, Print and Bring 3 copies to Registration at Burlington High School*

For office Use Draft <input type="checkbox"/> Minor Major Jr/Sr	Player 1 - First and Last					Birth date	Male/Female	Last Years League & Team or New		
	Grade	School	Age as of April 30th this year:			Forms provided:	Medical Release	<input type="checkbox"/>	Birth Cert. <input type="checkbox"/>	
	YSm 6-8 <input type="checkbox"/>	YM 8-10 <input type="checkbox"/>	YL 10-12 <input type="checkbox"/>	AS <input type="checkbox"/>	AM <input type="checkbox"/>	AL <input type="checkbox"/>	AXL <input type="checkbox"/>	AXXL <input type="checkbox"/>	This Seasons League/Team Assigned	
Draft <input type="checkbox"/> Minor Major Jr/Sr	Player 2 - First and Last					Birth date	Male/Female	Last Years League & Team or New		
	Grade	School	Age as of April 30th this year:			Forms provided:	Medical Release	<input type="checkbox"/>	Birth Cert. <input type="checkbox"/>	
	YSm 6-8 <input type="checkbox"/>	YM 8-10 <input type="checkbox"/>	YL 10-12 <input type="checkbox"/>	AS <input type="checkbox"/>	AM <input type="checkbox"/>	AL <input type="checkbox"/>	AXL <input type="checkbox"/>	AXXL <input type="checkbox"/>	This Seasons League & Team Assigned	
Draft <input type="checkbox"/> Minor Major Jr/Sr	Player 3 - First and Last					Birth date	Male/Female	Last Years League & Team or New		
	Grade	School	Age as of April 30th this year:			Forms provided:	Medical Release	<input type="checkbox"/>	Birth Cert. <input type="checkbox"/>	
	YSm 6-8 <input type="checkbox"/>	YM 8-10 <input type="checkbox"/>	YL 10-12 <input type="checkbox"/>	AS <input type="checkbox"/>	AM <input type="checkbox"/>	AL <input type="checkbox"/>	AXL <input type="checkbox"/>	AXXL <input type="checkbox"/>	This Seasons League & Team Assigned	
Draft <input type="checkbox"/> Minor Major Jr/Sr	Player 4 - First and Last					Birth date	Male/Female	Last Years League & Team or New		
	Grade	School	Age as of April 30th this year:			Forms provided:	Medical Release	<input type="checkbox"/>	Birth Cert. <input type="checkbox"/>	
	YSm 6-8 <input type="checkbox"/>	YM 8-10 <input type="checkbox"/>	YL 10-12 <input type="checkbox"/>	AS <input type="checkbox"/>	AM <input type="checkbox"/>	AL <input type="checkbox"/>	AXL <input type="checkbox"/>	AXXL <input type="checkbox"/>	This Seasons League & Team Assigned	

## Parent/Legal Guardian Information

Parent/Legal Guardian			Relationship		Email		
Address		City, State, Zip		Home Phone	Work Phone	Cell Phone	
Parent/Legal Guardian			Relationship		Email		
Address (if different)		City, State, Zip		Home Phone	Work Phone	Cell Phone	
Emergency Contact			Relationship		Phone	Cell Phone	
<b>Code of Conduct (signed)</b> <input type="checkbox"/>			<b>Terms of Participation (signed)</b> <input type="checkbox"/>		<b>Parent/Volunteer Form</b> <input type="checkbox"/>		

Registration \$25 per player	For office use				Fund Raiser Fee \$100 - 1 player \$150 - 2 players \$200 - 3+ players
	Registration Fees	Fund Raiser Fees	Total - Check # /Cash/Charge	Board Member Initials	