

SVLL 2018 Registration Form



First Name:		Last Name:	
Player Contact Information: (SVLL will use this info as our primary means of communicating with the player. Please provide a parent / guardian email address).			
Address:		Phone:	
Division:	(circle one) Blastball Tball Rookies Minors Majors Juniors		
School:			
Date of Birth:		Player age as of August 31, 2018	
Sex M/F:		Have you played Baseball before:	

	Parent / Guardian 1	Parent / Guardian 2
Name:		
Address (if different from player's)		
Home phone (if different from player's)		
Cell phone:		
Email:		

Please Note Little League Canada requires we have a copy of the player's birth certificate, care card and proof of address. If these are already on file from previous seasons, you do not need to attach copies.			
Medical Form (circle one): on file / attached	Birth Certificate (circle one): on file / attached	Proof of Address (circle one): on file / attached	Address is within district boundary? (circle one): yes / no
Emergency contact (other than parents):	Name: Phone number: Relation to player:		

For League Use	Fee Paid:	Payment method:	Date:
Notes:			

Please read and sign the release on the back of this form

