

Division _____

Team _____

League Age _____

HIGHLAND LITTLE LEAGUE



PLAYER REGISTRATION FORM

Please Bring Proof of Residency & Birth Certificate to Registration.

Player Name (Last, First): _____

Birthdate: _____ Gender : M / F Phone: _____

Address: _____

City: _____ State: _____ Zip: _____ email: _____

*Please check the box if the information has changed since your last registration.

Is your current residence located within the Highland Little League boundaries as shown on our current boundary map? **YES** | **NO**

If **NO**, which Highland School is attended: _____

Did you participate in HLL last year? **YES** | **NO** Which division did you play in last year? _____

Would you like to manage or coach? **YES** | **NO** Which division(s)? _____

T-Ball – Ages 4-6

Rookie – Ages 6-7

Minor B – Ages 7-8

Minor A – Ages 9-11

Majors – Ages 11-12

Shirt Size	
YS	AS
YM	AM
YL	AL
	AXL

Sock Size (Shoe Size)	
S (Y 12-4)	L (Men 9-12)
M (Men 4-8)	XL (Men 13-15)

We will make every effort to accommodate requests for **the T-Ball and Rookie Divisions**. If you would like to request a team, manager or friends please indicate them here. _____

Parent / Guardian Signature: _____

LOCAL LEAGUE USE

Birth Certificate Verified Residence or School Verified Medical Release Form

Fees: Registration: \$ _____ Multiplayer discount: \$ _____ Spiritwear \$ _____ Total Paid: \$ _____

Cash Check # _____ Credit Card

I have examined this application and supporting proof of age and residency / school documents and find both to be in accordance with Little League guidelines.

Date of Registration

Signature of League Official