

**JEWISH COMMUNITY BASEBALL LEAGUE / GREAT NECK DIVISION  
2019 SEASON APPLICATION**

**Please read the information sheet before filling out application**

\_\_\_\_\_  Female  Male / Born \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age \_\_\_\_\_  
Player's Name

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Street Address City State Zip Home Phone Number

\_\_\_\_\_ / \_\_\_\_\_  
Email Address Cell Phone Number(s)

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
School Currently Attending Grade Synagogue Affiliation

Returning player? Y/N

New players: Uniform size: S / M / L / XL / Uniform # requested: 1st choice: \_\_\_\_\_ 2nd choice \_\_\_\_\_ 3rd choice \_\_\_\_\_

Participation in Little League baseball requires the ability to run, throw, swing a bat and catch a ball. Additionally, participation requires the capacity to understand the rules of the game. Does your child have any current condition that limits his/her ability to participate in this activity?  Yes  No

If "yes", please explain and identify any modification that would enable your child to participate:

\_\_\_\_\_

Please provide information about allergies/medical conditions in case of emergency:

\_\_\_\_\_

I/We, the parent(s) 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. I/We know that participation in baseball or 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 Jewish Community Little League, Little League Baseball, Inc., the organizers, sponsors, participants and persons transporting my/our child to and from activities for any claim arising out of any injury to my/our child whether the result of negligence or for any other case, except to the extent and in the amount covered by accident or liability insurance.

I/We agree to return upon request any equipment issued to my/our child in as good a condition as when received except for normal wear and tear.

I/We shall furnish a certified birth certificate of the above named candidate to League Officials, if it is requested.

Parent(s) or Guardian(s) Signature(s): \_\_\_\_\_ / \_\_\_\_\_

Parent(s) or Guardian(s) Name(s): \_\_\_\_\_ / \_\_\_\_\_

Name of Family Insurance / Hospitalization Plan: \_\_\_\_\_

If you are interested in coaching, list which grade \_\_\_\_\_ and whether you have coaching experience  Yes  No

***Little League Baseball does not limit participation in its activities on the basis of disability.***

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- Please fill out all information **email forms to [gnjtbl@gmail.com](mailto:gnjtbl@gmail.com)** and mail full payment (made out to Great Neck Synagogue) to: Great Neck Synagogue - JCLL / 26 Old Mill Road, Great Neck, NY 11023