

## Players Residency & Release Package

Players **MUST** complete the Little League Medical Release **AND** the Hillsborough County Release forms along with establishing residency prior to participating in New Tampa Little League.

Please Complete this form and attach all the required documents.

Player Name: \_\_\_\_\_

Player League Age: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Relation: Parent      Guardian

Contact phone: \_\_\_\_\_

Division (Circle if Known):    Sr.    Jr.    Major    AAA    AA    A    Rookie    CP    Midget

Team Name (If known): \_\_\_\_\_ Manager: \_\_\_\_\_

Attach to this package:

- Little League Medical Release Form
- Hillsborough County Release Form
- Residency Cover Sheet
- Residency Document #1
- Residency Document #2
- Residency Document #3

Fill Out Online and Print For Signature



Little League®  
Baseball and Softball  
Medical Release



NOTE: To be carried by any Regular Season or Tournament Team Manager together with team roster or eligibility affidavit.

Player: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

League Name: New Tampa Little League

I.D. Number: 03091304

Parent or Guardian Authorization:

In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel. (i.e. EMT, First Responder, E.R. Physician)

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

In case of emergency contact:

\_\_\_\_\_  
Name Phone Relationship to Player

\_\_\_\_\_  
Name Phone Relationship to Player

Please list any allergies/medical problems, including those requiring maintenance medication. (i.e. Diabetic, Asthma, Seizure Disorder)

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

Date of last Tetanus Toxoid Booster: \_\_\_\_\_

Mr./Mrs./Ms. \_\_\_\_\_

Authorized Parent/Guardian Signature

WARNING: Protective equipment cannot prevent all injuries a player might receive while participating in Baseball/Softball.

Little League does not limit participation in its activities on the basis of disability, race, color, creed, national origin, gender, sexual preference or religious preference.

# Department of Parks, Recreation and Conservation Hillsborough County, Florida

## INFORMED CONSENT/GENERAL RELEASE- YOUTH SPORTS PARTICIPANTS

***This is a release of liability. Please read carefully before signing.***

Since participation in youth sports activities can be dangerous, Hillsborough County requires all participants (and their adult parent(s) or guardians) to assume all risks associated with youth sports by signing this general release.

For and in consideration of my child being permitted to participate in HILLSBOROUGH COUNTY youth sports activities, I hereby voluntarily release, discharge, waive and relinquish any and all claims or actions for damages for personal injury, permanent disability, death, or property damage which I or my child may have, or which may hereafter accrue to me or my child, as a result of my participation in youth sports activities during play and while I am at the facility while others play or for any other reason. This release is intended to discharge, in advance, HILLSBOROUGH COUNTY, its officers, employees and agents, New Tampa Little League, its officers and agents, and the owners and maintainers of any facility used for the activities, from any and all liability arising out of or connected in any way with my child's participation in sports camp/clinic activities, even though that liability may arise out of negligence or carelessness on the part of HILLSBOROUGH COUNTY, its officers, agents or employees and New Tampa Little League, its officers and agents.

I further understand that serious accidents occasionally occur during youth sports activities, and that participants occasionally sustain serious personal injuries, death or property damage as a consequence thereof. Knowing the risks, I have voluntarily applied for my child to participate in the activity and thereby agree to assume those risks to release and hold harmless HILLSBOROUGH COUNTY, its officers, employees or agents and New Tampa Little League, its officers and agents used for the activity, who (through negligence or carelessness) might otherwise be liable to me or to my child (or my heirs or assigns) for damages.

I further understand and agree that this release, discharge, waiver, and assumption of risk is to be binding on my and my child's heirs, executors, administrators and assigns.

I further agree to indemnify and to hold harmless HILLSBOROUGH COUNTY, its officers, employees and agents and New Tampa Little League, its officers and agents for any loss, liability, damage, cost or expense which they may incur as a result of any injury or property damage I or my child may sustain while participating in the activity.

I agree to comply with the program's stated and customary terms and conditions for participation according to New Tampa Little League. If I observe any significant changes with regard to my child's readiness for participation in the program, I will remove my child from the program immediately.

**I have read this Informed Consent/General Release, fully understand its terms, that I give up substantial rights by signing it, and sign it voluntarily.**

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**This document is a Release of Liability which affects the rights of you and your child.**  
**Please read the document carefully before signing.**

***I have read this Informed Consent/General Release and I understand*** the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to rules and regulations, and accept them as a participant. (To be signed by all players who are league age 12 and older.)

Name of Participant (Print): \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Participant's Signature: \_\_\_\_\_ Date signed: \_\_\_\_\_  
Team Name: \_\_\_\_\_

## Residency Cover Sheet

Residence shall be established and supported by documents, dated on or before February 1 of the current year, from **THREE OR MORE** of the following categories to determine residency of such parent(s) or guardian:

(Check at least 3)

- Driver's License
- Voter's Registration
- School records
- Welfare/child care records
- Federal records
- State records
- Local (municipal) records
- Support payment records
- Homeowner or tenant records
- (1 ONLY) Utility bill with 2 of the remaining 16 examples\* (i.e., gas, electric, water/sewer, phone, mobile phone, heating, waste disposal)
- Financial (loan, credit, investments, etc.) records
- Insurance documents
- Medical records
- Military records
- Internet, cable or satellite records
- Vehicle records
- Employment records

**\*NOTE:** Example – Three utility bills (three items from No. 10 above) constitute only ONE document.

Please also note that we are establishing RESIDENCY. Feel free to redact any personal or financial information from the documents you submit.

# **Residency Document #1**

## **Residency Document #2**

# **Residency Document #3**