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# REGISTRATION FORM 2021

Please press hard using a ball point pen and **PRINT CLEARLY**

ADDRESS \_\_\_\_\_ TOWN \_\_\_\_\_ ZIP \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_ School District you reside in: Islip \_\_\_ or East Islip \_\_\_  
Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_  
E-mail : \_\_\_\_\_ (correspondence is done via e-mail, please print clearly)

Please read the Parent Agreement on the reverse side prior to filling out this form. A copy of players Birth Certificate (only if necessary) must be returned with Registration fee (please write your phone # on the check) and this Registration/Parent Agreement form.

## **AGE DETERMINATION is mandated by Little League International**

PLAYER MUST BE 4 YEARS OF AGE BY AUGUST 31, 2021

<b>Child #1</b>	<b>LAST</b>	<b>FIRST</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female
School Player Attends: _____		Date of Birth	Checked by: _____
		M <input type="text"/>	D <input type="text"/>
		Yr <input type="text"/>	
<input type="checkbox"/> This child registered with the Islip Little League last season. (Birth Certificate NOT required.) <input type="checkbox"/> This child was NOT registered with the Islip Little League last season. (Birth Certificate REQUIRED.) -Enter Team & Division this child played on last season, if known: _____ -This child would like to play: <b>BASEBALL</b> ___ <b>SOFTBALL</b> ___ -ALL former coaches/managers and NEW parents interested in coaching this 2021 season, please write your name next to the appropriate line. Manager: _____ Coach: _____ If your request is approved, you will be contacted. -Check here if interested in becoming part of/or helping the Ladies Aux. _____, Field Maintenance _____ Please help us prepare for next seasons uniform ordering. Let us know what size you think this player will wear. <b>PANT size:</b> Youth XS __, S __, M __, L __, XL __    Adult S __, M __, L __, XL __, XXL __ <b>SHIRT size:</b> Youth XS __, S __, M __, L __, XL __    Adult S __, M __, L __, XL __, XXL __			

<b>Child #2</b>	<b>LAST</b>	<b>FIRST</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female
School Player Attends: _____		Date of Birth	Checked by: _____
		M <input type="text"/>	D <input type="text"/>
		Yr <input type="text"/>	
<input type="checkbox"/> This child registered with the Islip Little League last season. (Birth Certificate NOT required.) <input type="checkbox"/> This child was NOT registered with the Islip Little League last season. (Birth Certificate REQUIRED.) -Enter Team & Division this child played on last season, if known: _____ -This child would like to play: <b>BASEBALL</b> ___ <b>SOFTBALL</b> ___ -ALL former coaches/managers and NEW parents interested in coaching this 2021 season, please write your name next to the appropriate line. Manager: _____ Coach: _____ If your request is approved, you will be contacted. -Check here if interested in becoming part of/or helping the Ladies Aux. _____, Field Maintenance _____ Please help us prepare for next seasons uniform ordering. Let us know what size you think this player will wear. <b>PANT size:</b> Youth XS __, S __, M __, L __, XL __    Adult S __, M __, L __, XL __, XXL __ <b>SHIRT size:</b> Youth XS __, S __, M __, L __, XL __    Adult S __, M __, L __, XL __, XXL __			

<b>Child #3</b>	<b>LAST</b>	<b>FIRST</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female
School Player Attends: _____		Date of Birth	Checked by: _____
		M <input type="text"/>	D <input type="text"/>
		Yr <input type="text"/>	
<input type="checkbox"/> This child registered with the Islip Little League last season. (Birth Certificate NOT required.) <input type="checkbox"/> This child was NOT registered with the Islip Little League last season. (Birth Certificate REQUIRED.) -Enter Team & Division this child played on last season, if known: _____ -This child would like to play: <b>BASEBALL</b> ___ <b>SOFTBALL</b> ___ -ALL former coaches/managers and NEW parents interested in coaching this 2021 season, please write your name next to the appropriate line. Manager: _____ Coach: _____ If your request is approved, you will be contacted. -Check here if interested in becoming part of/or helping the Ladies Aux. _____, Field Maintenance _____ Please help us prepare for next seasons uniform ordering. Let us know what size you think this player will wear. <b>PANT size:</b> Youth XS __, S __, M __, L __, XL __    Adult S __, M __, L __, XL __, XXL __ <b>SHIRT size:</b> Youth XS __, S __, M __, L __, XL __    Adult S __, M __, L __, XL __, XXL __			

**REGISTRATION FEE - see reverse side for fees and payment details.**  
WWW.ISLIPLL.ORG    E-mail: IslipLittleLeague@gmail.org

I understand and agree to the terms set forth pertaining to the Parent Agreement on the back side of this form:  
Mother/Guardian SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Father/Guardian SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## Please mail your registration in ASAP.