

Little League[®] Baseball and Softball School Enrollment Form



To Be Filled Out B	By Parent/Legal Guard	lian			
Date Requested	:				
League Name:			League ID#		
Player/Student	Name:		Da	ate of Birth:	
Division: (Check One)	☐ Baseball ☐ Softball	Level: (Check One)	☐ Tee Ball ☐ Minors	□ LL (Majors) □ Intermediate	
Parent/Guardia	n Address:	(Street)		ity/State)	(Zip)
(Name (Pr	inted) of Parent/Legal G	uardian) (Si	gnature of Parent/I	Legal Guardian)	(Date)
To be filled o	ut by School Ac	lministrator,	, Principal o	r Vice Principal	
I,(Print Name)		of	_ of		School, located at
		(Print School Name)			
			H	ereby verify that	

		Hereby verify that	
(Physical A	.ddress)		(Student Name Printed)
has enrolled and is attending a	bove named school location	on for the(Year)	_ academic year prior to
October 1st, of the current year	ır.		
This student has been enrolled	l as of	_	
	(Date)		
(Signature)	(Date)	Title (School Administrator,	Principal or Vice Principal)

If the Charter/Tournament Committee subsequently finds that the information submitted as acceptable documentation regarding school enrollment/attendance now shows that the previously submitted information/documentation was falsified, misrepresented or insufficient then Little League Baseball, Incorporated reserves the right to impose sanctions and/or penalties on all appropriate parties, including but not limited to players, coaches, league officials and/or the league which could result in suspension and/or terminations with Little League Baseball, Incorporated.

The District and the Local League will maintain this form and supporting documentation in their files. Completion of this form is only required ONCE during a participant's career, unless the school enrollment changes. A II(d) would then be required.