

Little League[®] Baseball and Softball School Enrollment Form



To Be Filled Out B	y Parent/Legal Guard	lian			
Date Requested	:				
League Name:			Le	ague ID#	
Player/Student Name:			Date of Birth:		
Division: (Check One)	☐ Baseball ☐ Softball	Level: (Check One)		□ LL (Majors) □ Intermediate	
Parent/Guardia	n Address:				
		(Street)	(C	ity/State)	(Zip)
(Name (Pr	inted) of Parent/Legal G	uardian) (S	ignature of Parent/	Legal Guardian)	(Date)
To be filled o	ut by School Ac	lministrato	r, Principal o	r Vice Principal	
I,		of			School, located at
(Print Name)		(Print School Name)			
			He	ereby verify that	

		Hereby verify that		
(Physical Add	ress)		(Student Name Printed)	
has enrolled and is attending abo	ove named school locat	ion for the(Yea	, 1	
October 1st, of the current year.				
This student has been enrolled as	s 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.