

Little League® Baseball and Softball School Enrollment Form



To Be Filled Out	By Parent/Legal Guard	ian			
Date Requested	d:				
League Name: San Mateo Little League American		gue American	League ID#405-52-08		
Player/Student Name:			Date of Birth:		
Division: (Check One)	☑ Baseball ☐ Softball	Level: (Check One)	☐ Tee Ball ☐ Minors Single A - PCL	LL (Majors) Intermediate 50/70	
Parent/Guardia	an Address:				
		(Street)	(Ci	ty/State)	(Zip)
	out by School Ad		-	-	School, located at
	Name)	01		Print School Name)	School, located at
			He	reby verify that _	
has appolled an	(Physical Addres				(Student Name Printed)
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	•			he a	(Student Name Printed)
October 1st, of	nd is attending above	e named scho	ol location for t	he a	(Student Name Printed)
October 1st, of	id is attending above	e named scho	ol location for t	he a	(Student Name Printed)
October 1st, of	id is attending above	e named scho	ol location for t	he a	(Student Name Printed)
October 1st, of	id is attending above	e named scho	ol location for t	he a	(Student Name Printed)

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.