**2025 LDATL Registration Form**

P.O. Box 502, Latrobe, PA 15650 Latrobe-Derry Area Teener League, Inc.

Rosa/Oglietti Field, Route 981, North of Latrobe

Field Phone: 724-539-7666

***Latrobe-Derry Area Teener League Registration and Consent Form***

**REGISTRATION FEE:** $125.00 per player ($200 for siblings)

**Plus** $125 refundable concession stand fee / or non-refundable buyout

* Payments must be made by 2 separate payments

***Make checks payable to: LDATL***

***Players born between 5/1/2009 and 8/31/2012 are eligible for the 2025 LDATL Season.***

*A copy of each new player’s birth certificate must be presented with this registration for age validation*

**5/1/2009 - 4/30/2010 League Age 15**

**5/1/2010 - 4/30/2011 League Age 14**

**5/1/2011 - 8/31/2012 League Age 13**

**NO BOUNDARY RESTRICTIONS**

**Circle One: NEW RETURNING 2023 TEAM (if returning) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Player’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Height: \_\_\_\_\_\_\_\_\_\_\_ Weight: \_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ League Age: \_\_\_\_\_\_\_\_\_\_\_**

**BATS: Right Left Switch THROWS: Right Left**

**Positions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Other Sports: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact/Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HOW DID YOU HEAR ABOUT LDATL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**By signing this form, I give my child permission to play baseball in the LDATL. I will not hold the LDATL responsible for any personal injuries, property damage or theft. At the end of the season, it is my responsibility to see that my child returns all uniforms and equipment issued to him/her by their team and the league. My child agrees to abide by all LDATL league rules, including those which prohibit players form using and possessing tobacco, alcohol, and illegal drugs. I also agree to pick up my child immediately following all practices and games.**

**Liability Insurance/Responsible for Medical Expenses – The LDATL carries liability insurance on league property and NO health insurance on players or spectators. If a player or spectator is injured on LDATL property at any time, the player’s or spectator’s family must assume all responsibility for any expenses of any kind whatsoever, including but not limited to healthcare/medical coverage. With the understanding we are legally bond:**

**NAME OF PARENT/GUARDIAN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SIGNATURE OF PARENT / GUARDIAN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NEW FOR 2025 – LDATL will be hosting and participating in an in-house tournament to be held 7/30-8/4.**

**To participate, a player must be a member of LDATL.**

**Must play in 70% of league games scheduled for in-house team.**

**Teams selected in all-star format.**

**Uniform provided.**

**No cost to participate in the LDATL Tournament**

**If interested, please confirm availability through July until approx. Aug 4, 2025.**

**Player’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**