



Signature \_

## **Player Registration Form**

| layer name   |           |   |  |   |      |            |   |                           |             |                                   |                  |
|--|-----------|---|--|---|------|------------|---|---------------------------|-------------|-----------------------------------|------------------|
| ddress   |           |   |  |   |      |            |   | Birthd                    | ate         |                                   |                  |
| ldress 2   |           |   |  |   |      |            |   | Gende                     | er          |                                   |                  |
| ty/State/Zip   |           |   |  |   |      |            |   | Leagu<br>Fee              | e Age/      |                                   |                  |
| ome phone  | (         | ) |  |   |      |            |   | 166                       |             | Age                               | Amount           |
| mail   |           |   |  |   |      |            |   | My chil                   |             | =                                 | seball<br>ftball |
|  |           |   |  |   |      |            |   |                           |             |                                   |                  |
| Parent #1  |           |   |  |   | P    | arent #2   |   |                           |             |                                   |                  |
| Name   |           |   |  |   |      | Name       |   |                           |             |                                   |                  |
| Phone  | (         | ) |  |   |      | Phone      | ( | )                         | '           |                                   |                  |
| Email  |           |   |  |   |      | Email      |   |                           |             |                                   |                  |
| Occupation   |           |   |  |   |      | Occupation |   |                           |             |                                   |                  |
| Volunteer?   |           |   |  |   | ]    | Volunteer? |   |                           |             |                                   |                  |
| Medical Information  Emergency contact  Relationship to player |           |   |  | P | hone |            |   | Birth Certifi  Medical Re | cate        | Proof of Residence Waiver needed? |                  |
| -  | to player |   |  |   |      |            |   |                           |             |                                   |                  |
| Insurance ca   |           |   |  |   | P    | olicy      |   |                           | Level Assig | ned                               | Team Name        |

Date .