

Spring Lake Heights Little League 2012 Player Registration & Medical Release Form

Player #1 Last _____ First _____ Gender _____ DOB _____ School _____ *Shirt Size _____ LL Age _____ Div _____

Player #2 Last _____ First _____ Gender _____ DOB _____ School _____ *Shirt Size _____ LL Age _____ Div _____

Player #3 Last _____ First _____ Gender _____ DOB _____ School _____ *Shirt Size _____ LL Age _____ Div _____

Player #4 Last _____ First _____ Gender _____ DOB _____ School _____ *Shirt Size _____ LL Age _____ Div _____

*Shirt Sizes: **YS** = Youth Small; **YM** = Youth Medium; **YL** = Youth Large; **AS** = Adult Small; **AM** = Adult Medium; **AL** = Adult Large

Street Address _____ City, State, Zip _____ Home Phone _____

Parent/Guardian #1 _____ Relationship _____ Cell Phone _____ Email _____

Parent/Guardian #2 _____ Relationship _____ Cell Phone _____ Email _____

Emergency Contact: Name _____ Phone _____ Relationship _____

Emergency Contact: Name _____ Phone _____ Relationship _____

Family Physician _____ Phone _____ Address _____

Hospital Preference _____ Insurance Carrier _____ Policy # _____ Group ID _____

Please List Allergies/Medical Conditions. Please indicate specifically those requiring Maintenance Medication (i.e. Diabetic, Asthma, Seizure Disorder)

Date of last Tetanus Toxoid Booster _____

In case of emergency, if the family physician cannot be reached, I/We hereby authorize my/our child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, Physician)

I/We the parents of the above named candidates for the position on a Little League team, hereby give my/our approval to participate in any and all Little League activities, including transportation to and from the activities.

I/We know that participation in baseball or softball may result in serious injuries and protective equipment does not prevent all injuries to player, and do hereby waive, release, absolve, indemnify, and agree to hold harmless the Spring Lake Heights Little League, Little League Baseball Inc, the organizers, sponsors, supervisors, participants, and persons my/our child to and from activities, for any claim arising out of any injury to my/our child whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance.

Signed: Name _____ Date _____

Interested In Volunteering? Circle All That Apply: Manager Coach Fundraising Announcing Pony/T Ball Sponsor Other _____

In order to volunteer, you will need to be kid safe and have adequate background check documentation. Please ask for details.

Total Paid	Check#	Cash	Received By	Other
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