

Easthampton Little League - 2004 Season

Softball Registration Form

Player Information

Name: _____
Birth Date: _____ Age: _____ Proof of Birth: _____ Sex: M F
Division Last Year: _____ Team Last Year: _____
Lives with: Mother Father: Both: Guardian
Tryout?: Yes: No Division: _____

Parent/Guardian 1

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____
E-Mail: _____

Parent/Guardian 2

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____
E-Mail: _____

Medical Information

Hospital: _____
Health Insurance Co.: _____
Policy Number: _____

Waiver:

In the event of a **Life Threatening Injury**, and in my absence, I give permission for this child to receive treatment at a **Local** Hospital or the one noted above, **If Emergency Technicians Advise To Do So**.

Parent/Guardian Signature _____ Date: _____

League Use Only Below

Initials

Players/Family

Amount Charged

Check/Cash

Fund-raising

Check/Cash