2010 Sundown Little League Registration

Player Information

Name:_____ 2010 Little League Age:_____
First Last Age as of April 30, 2010

Date of Birth ___ / ___ / ___ Age:_____ Sex:_____ Lives with: Both/ Mother/ Father/ Other_____

Home Phone:_____ Fax:_____ Home League:_____

Address:_____
Street City Zip

E-mail:_____ Returning Player: YES / NO Shirt Size_____ Pants Size_____

Parent/Guardian Information

Parent/Guardian #1:_____

Address:_____
If Different

Day Phone: _____ Cell Phone: _____ Evening Phone: _____

Parent/Guardian #2: _____

Address: _____
If Different

Day Phone: _____ Cell Phone: _____ Evening Phone: _____

Parent or Guardian Authorization: **Medical Release** **Date:**_____

In the event of an emergency, if family physician cannot be reached, I hereby give authorization to obtain medical treatment for the above named minor. This authorization covers any emergency treatment deemed necessary by the attending physician, nurse practitioner, nurse or emergency medical technician. I understand that I, the undersigned, am responsible for all medical costs and that Sundown Little League, Inc., and Little League of America Insurance is that of co-insurance and shall not be considered primary insurance. There is a per incident deductible and coverage limitations.

Family Physician:_____ Phone:_____

Address:_____

Allergies:_____ Additional Comments:_____

Date of last Tetanus Toxoid Booster:_____ Additional Emergency Phone Number:_____

Insurance Provider:_____ I.D./Group Number:_____

Parent/Guardian Signature:_____

Warning: Protective equipment cannot prevent all injuries a player might receive while participating in baseball.

LEAGUE USE ONLY ***Player drafted to*** _____ ***Division*** _____ ***Team***

Birth Certificate Verified by _____ Copy Attached: YES / NO -Address in Boundary Verified: YES/ NO or 4H / 2D

Proof of Residency Verified by_____ Three (3) copies attached: YES / NO - Signed Code of Conduct: YES / NO

Payment Method:_____ Amt Paid:_____ Membership Number: Father_____ Mother _____ Other_____