

LOCUST FORK YOUTH FALL SOFTBALL
2013 REGISTRATION

Player Name _____ Date of Birth _____

Age as of today _____ Height _____ Weight _____ Grade Entering _____

Parent/Guardian(s)
(First listed should be primary contact)

#1 _____
Name

Phone(s)

Relationship to player

**Email or phone # to be used for notifications
from coaches or league officers**

#2 _____
Name

Phone(s)

Relationship to player

Street and Mailing Address(es)

Emergency contact name and phone
(In the event parents cannot be reached)

Doctor's name / number

ALLERGIES / MEDICATION / MEDICAL INFO

Siblings in Football/Cheerleading _____

I acknowledge receipt of rules and regulations or bylaws of league and agree to abide by same:

Signature

Printed

*******League Use*******

Number of Participants _____ Amount Pd _____ Check # _____ Rec'd by _____

Circle Division Freshman Sophomore Junior Senior

Notes: _____
