Town of Poughkeepsie



Town of Poughkeepsie Girls Little League Player Registration Form

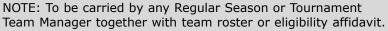


Player's Last Name: _		First Name:		MI:		
Street:						
Town:		State:		Zip:		
Phone:	Birthdate:_					
Players E-mail:						
				YS,YM,YLAS,AM,AL,AX	(L,AXXL	
Grade: School:						
Father's Last Name: _		First:		Phone:		
Address:		Work:		Cell:		
Father will help with	Team League _	Umpire	How?			
Email:		Father's Occi	upation:			
Mother's Last Name:		First:		Phone:		
Address:		Work:		Cell:		
Mother will help	Team League _	Umpire	How?			
Email:		Mother's Occupation:				
				Relation:		
Doctor:	Phone:	Note: _				
Dentist:	Phone:	Hospital:				
Father's Insure Co: _	Policy #:	Moth	er's:	Policy #:		



Little League Baseball_®

Medical Release





Player:		Date of Birth:						
League Name: Town of Poughkeepsie Girls Little League Softball I.D. Number: 001950								
Parent or Guardian Authorization:								
In case of emergency, if for child to be treated by Cer Physician)								
Family Physician:		Phone:						
Address:								
Hospital Preference:								
In case of emergency contact:								
Name	Phone		Relationship to Player					
Name	Phone	Relationship to Player						
Please list any allergies/medical problems, including those requiring maintenance medication. (i.e. Diabetic, Asthma, Seizure Disorder)								
Medical Diagnosis	Medication	Dosage	Frequency of Dosage					
The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment. Date of last Tetanus Toxoid Booster:								
Mr./Mrs./MsAuthorized Parent/Guardian Signature								

WARNING: Protective equipment cannot prevent all injuries a player might receive while participating in Baseball/Softball.

Little League Baseball does not limit participation in its activities on the basis of disability, race, color, creed, national origin, gender, sexual preference or religious preference.