



"It's All About the Kids"

Seneca Falls Community Little League
2012 Player Registration
FALL-BALL



Player Name			
Address 1			
Address 2			
City/State/Zip			
Home Phone	() -		
Cell Phone	() -		
Email			

* LEAGUE AGE	
Birthdate	
Gender	
Shirt Size	
YOUTH - Sm, Med or Lg ADULT - Sm, Med, Lg or XL	
Major Baseball	
Major Softball	
Minor Baseball	
Minor Softball	

C/C Signed League Fee \$ Check # PAID

* 2012 Age Determination: Baseball age cut-off is April 30 Softball age cut-off is Dec. 31

PARENT/GUARDIAN #1

() -	
() -	
I would like to	<input type="checkbox"/> COACH or <input type="checkbox"/> ASSIST

PARENT/GUARDIAN #2

NAME		
PHONE	() -	
CELL	() -	
(Check)	I would like to	<input type="checkbox"/> COACH or <input type="checkbox"/> ASSIST

Emergency Contact #1

Contact Name			Relationship	
Phone	() -	Cell	() -	

Emergency Contact #2

Contact Name			Relationship	
Phone	() -	Cell	() -	

Medical Information

Insurance Carrier		Policy Number	
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I/We, the parents/guardians of the above-named candidate for a 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 and do hereby give Seneca Falls Little League permission to put my child's photo on the Seneca Falls Little League Website. (Seneca Falls Little League will respect the wishes of a parent who objects to his/her child's photo being on the internet, and who sends such request to the webmaster at truman@senecafallslittleleague.org)

Parent Signature _____ Date _____