PAWCATUCK BABE RUTH LEAGUE REGISTRATION & MEDICAL INFORMATION FORM

PLAYER INFORMATION:

First Name _____ MI _____ Last Name _____

Date of Birth _____ League Age _____ Fee _____

Street Name _____

City / State/ Zip Code _____

Home Phone _____ Cell Phone _____ Work Phone _____ Email Address _____

Parent / Guardian Name _____

MEDICAL INFORMATION:

In case of an accident or illness, I hereby authorize a representative of the Pawcatuck Babe Ruth League, Inc. to use their discretion in providing and or obtaining immediate medical care as needed.

Emergency Contact / Phone # _____

Relationship to Player _____

Current Insurance Carrier _____ Policy _____

I/We, the parents/guardians of the above named registrant, freely give my/our approval for his participation in any and all Pawcatuck Babe Ruth League activities, including transportation to and from such activities, throughout the current baseball season.

X_____ _____
Parent / Guardian Signature Date

LEAGUE USE:

AMOUNT PAID $_____ PMT TYPE - CHECK# or CASH _____

Birth Certificate (Y/N) _____ **Proof of Residency (Y/N)** _____ **Medical Release Form (Y/N)** _____