

*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: \_\_\_\_\_

---

Shirt Size: \_\_\_\_\_  Pants Size: \_\_\_\_\_ (Please use  Letter Sizes- YS, YM, YLAS, AM, AL, AXL, AXXL)

Grade: \_\_\_\_\_ School: \_\_\_\_\_

---

Father's Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Father will help with Team \_\_\_\_\_ League \_\_\_\_\_ Umpire \_\_\_\_\_ How? \_\_\_\_\_

Email: \_\_\_\_\_ Father's Occupation: \_\_\_\_\_

---

Mother's Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Mother will help Team \_\_\_\_\_ League \_\_\_\_\_ Umpire \_\_\_\_\_ How? \_\_\_\_\_

Email: \_\_\_\_\_ Mother's Occupation: \_\_\_\_\_

---

Emergency: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Relation: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_ Note: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_ Hospital: \_\_\_\_\_

Father's Insure Co: \_\_\_\_\_ Policy #: \_\_\_\_\_ Mother's: \_\_\_\_\_ Policy #: \_\_\_\_\_

---



# Little League Baseball®



## Medical Release

NOTE: To be carried by any Regular Season or Tournament Team Manager together with team roster or eligibility affidavit.

Player: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

League Name: Town of Poughkeepsie Girls Little League Softball I.D. Number: 00195672

Parent or Guardian Authorization:

In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel. (i.e. EMT, First Responder, E.R. 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./Ms. \_\_\_\_\_

Authorized 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.