

Union City Little League 2009 Player Registration/Medical Release Form

Section A - Player Information

Player ID	<input type="text"/>	<i>(Completed by League)</i>	League Age as of	<input type="text"/>
First Name	Last Name	Birthday	Apr 31 (Boys)	Sex (M or F)
<input type="text"/>	<input type="text"/>	<input type="text"/>	Dec 31 (Girls)	<input type="text"/>
Last Year's Team	Shirt Size	Pant Size		
<input type="text"/>	<input type="text"/>	<input type="text"/>		

By Initialing the box above, I give Union City Little League permission to use photographs of my child in UCLL publications including the Internet.

Section B - Parent Information

Parent Name	Parent Name
<input type="text"/>	<input type="text"/>
Address	Address
<input type="text"/>	<input type="text"/>
Address2	Address2
<input type="text"/>	<input type="text"/>
City, State, Zip	City, State, Zip
<input type="text"/>	<input type="text"/>
Phone	Phone
<input type="text"/>	<input type="text"/>
Alternate Phone	Alternate Phone
<input type="text"/>	<input type="text"/>
Email	Email
<input type="text"/>	<input type="text"/>

Coach

Field Maintenance

Manager

Snack Bar

Team Parent

Umpire

If you would like to volunteer, please check the items at the left you would be willing to help us with

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Section C - Insurance Information and Release

Family Physician	Physician Phone	Policy #	Group #	Insurance
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Allergies and Medications	Notes and Special Needs			
<input style="width: 100%; height: 80px;" type="text"/>	<input style="width: 100%; height: 80px;" type="text"/>			

In case of emergency, I hereby authorize my child (named above) to be treated by an attending physician.

Parent/Guardian Signature: _____ **Date:** _____

Section D - Registration Fees and Fund Raisers

Fees Section (Do not complete for Registration)

Note: There will be \$5.00 late charge for fees received after the due date!

Fee Description	Quantity	Cost	DueDate	Paid Date
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Uniform Return Policy: I understand that pants received from the league must be returned otherwise I will be charged a \$15.00 fee.

If I elect to sell candy in lieu of donating \$20.00, I understand that I cannot return the candy to the league and that I am responsible for the full cost of the candy at \$40.00.

Parent/Guardian Signature _____ **Date** _____