

**BURNS LITTLE LEAGUE
MARK WHITAKER PARK**

**2014 PLAYER REGISTRATION FORM
PLAYER REGISTRATION**



[]

STREET ADDRESS		CITY		STATE	ZIP CODE
SCHOOL	GENDER	AGE	BIRTHDATE MONTH DAY YEAR		EMAIL
FATHERS NAME	CELL PHONE		WORK PHONE		VOLUNTEER? If checked, fill out Volunteer Application
MOTHERS NAME	CELL PHONE		WORK PHONE		VOLUNTEER? If checked, fill out Volunteer Application

MEDICAL/EMERGENCY INFORMATION

EMERGENCY CONTACT NAME	RELATIONSHIP	CONTACT PHONE NUMBER	
INSURANCE CARRIER	POLICY NUMBER	DOCTOR NAME	DOCTOR PHONE

HEALTH HISTORY: Does this player have any disabilities, handicaps, present injuries or limitations, allergies, hemophilia, heart condition, history of respiratory illness or any other significant medical condition? (Circle one) YES NO If yes, please explain:

Please indicate whether or not you give permission for your childs picture and/or action shots to be posted on the Burns Little League website. (Please note that NO personal information, other than name and age, will ever be posted on the website)
 YES, it is ok to post pictures of my child on the website NO, do not post any pictures of my child on the website

LEAGUE USE ONLY

PAYMENT TYPE			
CASH []	AMOUNT \$	CHECK []	CHECK #
BIRTH CERTIFICATE		PROOF OF RESIDENCY	
YES []	NO []	YES []	NO []
MEDICAL RELEASE		WAVIER NEEDED?	
YES []	NO []	YES []	NO []
SIBLINGS NAME(S)			LEVEL ASSIGNED
TEAM NAME			

SIGNATURE OF PARENT OR GUARDIAN

DATE