

2012 Spring Registration Form

Beachwood Pine Beach Little League

PO Box 28 • Beachwood, NJ 08722



PLAYERS:

Player One: _____
Birth Date: _____ **Shirt Size:** _____
Division: _____ **New Size:** YS YM YL YXL
Birth Cert: _____ AS AM AL AXL

*** Medical Diagnosis:**
Medication/ Dosage/Frequency:

Player Two: _____
Birth Date: _____ **Shirt Size:** _____
Division: _____ **New Size:** YS YM YL YXL
Birth Cert: _____ AS AM AL AXL

*** Medical Diagnosis:**
Medication/ Dosage/Frequency:

Player Three: _____
Birth Date: _____ **Shirt Size:** _____
Division: _____ **New Size:** YS YM YL YXL
Birth Cert: _____ AS AM AL AXL

*** Medical Diagnosis:**
Medication/ Dosage/Frequency:

* List any allergies/medical problems, including those requiring maintenance medication. (i.e. Diabetic, Asthma, Seizure Disorder)

PARENTS:

Primary Contact: _____ **Telephone:** _____
Primary Address: _____
Cell Phone: _____ **Email:** _____
Spouse: _____
Spouse Cell: _____ **Spouse Email:** _____

MEDICAL INFORMATION:

Family Physician: _____ **Phone:** _____
Hospital Preference: Community Medical Jersey Shore Other _____

In case of emergency contact: (other than primary contact or spouse)

Name: _____ **Relationship to player:** _____
Phone: _____

I/We, the parents/guardians of the above named child, hereby give my/our approval to participate in any and all Little League activities for the 2011 Fall Ball season, including transportation to and from the activities. I/We understand that the participation in baseball may result in serious injuries and protective equipment does not prevent injuries to players, and do hereby waive, release, absolve, indemnify and agree to hold harmless the BPB Little League, the organizers, supervisors, sponsors, participants, persons transporting my/our child to and from activities and Little League Incorporated, for any claim arising out of injury to my/our child whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance. I/We agree to return upon request the uniform and other equipment issued to my/our child in as good a condition as when received except for normal wear.

Signature _____ Date: _____

Registration Check Amount: _____ Check No. _____ Bond Check No. _____

Name on Check(s) if different than Primary Contact: _____