

**Bear River Little League  
Player Registration Form**

**Player's Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **MI:** \_\_\_\_\_

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

**Town:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Birth Certificate #:** \_\_\_\_\_

**Division:** \_\_\_\_\_ **Team:** \_\_\_\_\_

**Shirt Size:** \_\_\_\_\_ **Pants Size:** \_\_\_\_\_ **Socks Size:** \_\_\_\_\_ **Hat Size:** \_\_\_\_\_ **Uniform** \_\_\_\_\_

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

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

**Address (if different):** \_\_\_\_\_ **Work:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

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

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

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

**Address (if different):** \_\_\_\_\_ **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 #:** \_\_\_\_\_

1. Medical Conditions: \_\_\_\_\_ 2. Date of Last Tetanus: \_\_\_\_\_

3. Manager/Special Request: \_\_\_\_\_

4. I/We authorize that in an emergency, if the family physician cannot be reached, for my/our child to be treated by another available physician, and will allow my/our child to be transported to such a physician without recourse to the organizers, sponsors, or any supervisor appointed by them.

\_\_\_\_\_  
Authorized Parent/Guardian Signature

\_\_\_\_\_  
Date