



Oceanside American Little League Player Registration Form 2009 Fall Ball



Buddy with: _____

Coach Request: _____

Player

Division of play requesting _____

Name: _____
Last First MI

Address: _____

City: _____ Zip: _____

Birthdate: _____ Age: _____ Gender: _____

Home Phone: _____ Family Email Address: _____

Parent #1

Name: _____
Last First MI

Address: _____

City: _____ Zip: _____

Home Phone: _____ Work Phone# _____

Occupation: _____ Email Address: _____

Volunteer ? _____ What position ? _____

Parent #2

Name: _____
Last First MI

Address: _____

City: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Occupation: _____ Email Address: _____

Volunteer ? _____ What position ? _____

Medical Information

Emergency Contact _____ Phone#: _____

Relationship to Player _____

Insurance Carrier _____ Policy# _____

Signature: _____ Date: _____

No reimbursement after a player has been placed on a team

Amount Paid: _____ Method of Payment: _____