

2008 Freeport Little League Player Registration

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| Player Name | | | |
| Street Address | | | |
| City, Zip code | | | |
| Home Phone | | | |
| Player Birth date _____ | League Age: | Parent Coaching or Assisting: Yes _____ No _____ | Baseball _____ Softball _____ |
| | | | Returning Player _____ New _____ |
| 2007 Team/Division | Team | Division | |
| Parents/Guardians | | | |
| Address (if different than player address) | | | |
| Home Phone/Cell | | | |
| Emergency Contact Name | | | |
| Relationship to Player | | | |
| Medical Information: | | Insurance Provider: _____ | |
| | | Doctor: _____ | |
| | | Phone Number: _____ | |
| Parent/Guardian Signature to allow child to participate in Little League activities: | | | |
| Volunteer Information: | | | |
| I am interested in volunteering in the following way for Little League (check all that apply): | | | |
| _____ Manager _____ Assistant Coach _____ Concession Stand _____ Board Member I would like to make a donation to Freeport Little League this year: _____ Yes _____ not at this time (donations are tax deductible) | | | |
| League Use | | | |
| Birth Certificate | Need: _____ Copy received: _____ | | |
| Residency | In District: _____ Out of District: _____ (\$5.00 fee) | | |
| Proof of Residence: | Need: _____ Inspected: _____ | | |
| Payment: \$25/child \$50 max | Check # _____ Cash _____ More than 2 children _____ Donation amount _____ | | Total Collected: _____ |