

# Freeport Little League Player Registration

Player Name			
Street Address			
City, State, Zip Code			
Player Birth Date:	League Age:	Parent Coaching or Assisting: Yes: _____ No: _____	Baseball: _____ Softball: _____ Shirt Size: _____
2008 Team/Division	Team:	Division:	
Parent/Guardian:			
Address (if different than player address)			
Home Phone/Cell:			
Emergency Contact Name:			
Relation to Player			
Medical Information	Insurance Provider: _____ Doctor: _____ Phone: _____		
Parent/Guardian Signature to allow child to participate in Little League			
Volunteer Information: I am interested in volunteering in the following way for Little League (check all that apply):	<input type="checkbox"/> Manager <input type="checkbox"/> Assistant Coach <input type="checkbox"/> Concession Stand <input type="checkbox"/> Board Member		
<b>I would like to make a donation to Freeport Little League this year:</b> <input type="checkbox"/> Yes <input type="checkbox"/> Not at this time <p style="text-align: center;"><b>(Donations are tax deductible)</b></p>			
<b>League Use</b>			
Birth Certificate	Need: _____ Copy received: _____		
Residency	In District: _____ Out of District: _____ (\$5.00 fee)		
Proof of Residence	Need: _____ Inspected: _____		
Payment: \$30/Child \$60-max	Check # _____ Cash _____ More than 2 children <input type="checkbox"/> Donation amount _____	Total Collected: _____	