

Option # _____ - _____

MADERA NATIONAL LITTLE LEAGUE

Tryout # _____ - _____

Baseball

Softball

Intermediate

Challenger



Madera National Little League
PO Box 1176
Madera, CA 93639-1176



PLAYER REGISTRATION AND MEDICAL RELEASE

Player Name	Birth Date	League Age	Gender	Home Phone Number

Address	City	State	Zip Code

Parent/Guardian #1	Phone Number	Email

Parent/Guardian #2	Phone Number	Email

MEDICAL RELEASE

Parent/Guardian Authorization: In case of emergency, if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel. (i.e. EMT, First Responder, E.R. Physician)

If parent(s)/guardian(s) cannot be reached in case of emergency, contact:

Name	Phone Number	Relationship to Player

Name	Phone Number	Relationship to Player

Family Physician	Address	Phone Number

Hospital Preference	Insurance Carrier	Policy Number	Group ID#

Please list any allergies/medical problems, and required maintenance medication. (i.e. Diabetic, Asthma, Seizure Disorder)

Medical Diagnosis	Medication	Dosage	Frequency of Dosage
Date of last Tetanus Toxoid Booster			

The purpose of the above information is to ensure that the medical personnel have details of any medical problem which may interfere with or alter treatment.

Authorized Parent/Guardian Signature: _____ Date: _____

I/we have received a copy of and read all of the PLAYER CONTRACT & SPORT PARENT CODE OF CONDUCT on the back of this form and understand them completely and hereby place my/our signature(s) as proof (above).

NO REFUNDS

League Use Only

NO REFUNDS

Birth Certificate	Proof of Residency	Waiver Needed	School Form	Shirt Size	Jersey Size	Hat Size	Type of Payment	League Official
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>				Amount Check #	

League Name: Madera National Little League	League ID: 04051006
League Insurance Co: _____	Policy #: _____ League/Group ID#: _____

WARNING: Protective equipment cannot prevent all injuries a player might receive while participating in Baseball.

Little League does not limit participation in its activities on the basis of disability, race, color, creed, national origin, gender, sexual preference or religious preference.

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