

Town of Florida Youth Commission Baseball/Softball Organization

Registration and Medical Form



Player Information:

Childs Name:	
Date of Birth:	Date:
<b>Girls:</b> <input type="checkbox"/> Freshman (ages 8 - 10) <input type="checkbox"/> Sophomore (ages 11 - 12) <input type="checkbox"/> Junior (ages 13 - 14) <input type="checkbox"/> Senior (ages 15 - 18)	<b>Boys:</b> <input type="checkbox"/> Minors (ages 8 - 10) <input type="checkbox"/> Wee-Men (ages 11 - 14) <b>Boys and Girls</b> <input type="checkbox"/> T-BALL T-Ball players will receive T-shirts and hats to keep
Parents / Legal Guardian Name(s):	
Mailing Address:	
Home Phone Number:	Cell Phone Number:
Email address:	Work Phone Number:
<b>EMERGENCY CONTACT INFORMATION</b>	
(1) Name:	Phone Number:
(2) Name:	Phone Number:
Insurance Company:	Policy or Group Number:
Physician:	Phone Number:
Hospital:	Phone Number:
Please include any important medical information (allergies, etc...)	
In the event of an accident or illness and I cannot be reached, I give permission to the Town of Florida Youth Commission Baseball/Softball Organization to obtain emergency treatment for my child. I hereby appoint the assigned coach to act on my behalf in my absence during the team practices and games. This document shall be presented to a physician, dentist or appropriate hospital representative at such time.	
Signature _____ Witness _____ Parent or legal guardian	
REGISTRATION FEE is \$25. <sup>00</sup> per player with a maximum of \$50. <sup>00</sup> per Family.	
<b>UNIFORM SIZES</b> - Please circle uniform sizes:	
Youth size:    Large                      Adult size:            Small                      Medium                      Large	
Uniform Shirt # _____	Uniform Pant # _____
Make checks payable to: <i>The Town of Florida</i>	