

Union City Little League 2017 Player Registration/Medical Release Form

Section A - Player Information

Player ID	<input type="text"/>	<i>(Completed by League)</i>	League Age as of	<input type="text"/>	
First Name	Last Name	Birthdate	8/31/17 (Boys)	12/31/16 (Girls)	Sex (M or F)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Year's Team	Shirt Size				
<input type="text"/>	<input type="text"/>				

By Initialing the box above, I give Union City Little League permission to use photographs of my child in UCLL publications including the Internet.

Section B - Parent Information

Parent Name <input type="text"/> Address <input type="text"/> Address2 <input type="text"/> City, State, Zip <input type="text"/> Phone <input type="text"/> Alternate Phone <input type="text"/> Email <input type="text"/>	Parent Name <input type="text"/> Address <input type="text"/> Address2 <input type="text"/> City, State, Zip <input type="text"/> Phone <input type="text"/> Alternate Phone <input type="text"/> Email <input type="text"/>
<input type="checkbox"/> Coach <input type="checkbox"/> Field Maintenance <input type="checkbox"/> Manager <input type="checkbox"/> Snack Bar <input type="checkbox"/> Team Parent <input type="checkbox"/> Umpire	<p style="font-size: x-small; margin-left: 20px;"><i>If you would like to volunteer, please check the items at the left you would be willing to help us with</i></p> <input type="checkbox"/> Coach <input type="checkbox"/> Field Maintenance <input type="checkbox"/> Manager <input type="checkbox"/> Snack Bar <input type="checkbox"/> Team Parent <input type="checkbox"/> Umpire

Section C - Insurance Information and Release

Family Physician	Physician Phone	Policy #	Group #	Insurance
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Allergies and Medications		Notes and Special Needs		
<input style="width: 100%; height: 80px;" type="text"/>		<input style="width: 100%; height: 80px;" type="text"/>		

In case of emergency, I hereby authorize my child (named above) to be treated by an attending physician.

Parent/Guardian Signature: _____ **Date:** _____

Section D - Registration Fees and Fund Raisers

Fees Section (Do not complete for Registration)

Note: There will be \$10.00 late charge for fees received after the due date!

Fee Description	Quantity	Cost	DueDate	Paid Date
<input type="checkbox"/> Single Player - \$35				
<input type="checkbox"/> Fam-2 Players - \$55		<input type="checkbox"/> \$65 Lucky Lotto	2/25/17	
<input type="checkbox"/> Family 3+ Players - \$75		<input type="checkbox"/> \$50 Donation, No-Lucky Lotto?		
			<input type="checkbox"/> FEES ON SIBLINGS FORM	

ALL FEES DUE AT SIGNUPS (no exceptions)

Make Check payable to: UCLL

<input style="width: 100%; height: 100%;" type="text"/>	<input type="checkbox"/> Ch# _____
	<input type="checkbox"/> Cash

Parent/Guardian Signature _____

Date _____