

TANQUE VERDE LITTLE LEAGUE REGISTRATION AND MEDICAL FORM
...ALL AREAS MUST BE FILLED IN...

LAST Name: _____ FIRST Name: _____ MI: _____
Street: _____ Tucson, AZ ZIP: _____ (No PO Boxes, please)
Home Phone: _____ Sex: ___ Birthdate: _____ Birth Certificate #: _____
School: _____ Grade: _____
 Baseball Softball Prior Division: _____ Years of Playing Experience: _____

FATHER'S Last Name: _____ First: _____ Phone: _____
Father's Employer: _____ Phone: _____ Cell Phone: _____
Father will help with: TEAM ___ LEAGUE ___ UMPIRE ___ HOW? _____
(If applying for any volunteer position, please complete separate Application)

MOTHER'S Last Name: _____ First: _____ Phone: _____
Mother's Employer: _____ Phone: _____ Cell Phone: _____
Mother will help with: TEAM ___ LEAGUE ___ UMPIRE ___ HOW? _____
(If applying for any volunteer position, please complete separate Application)

EMAIL ADDRESS: (optional) _____

In Case of Emergency, CONTACT (other than parent)

Name: _____ Phone: _____ Relationship: _____
Name: _____ Phone: _____ Relationship: _____

Family Physician: _____
Address: _____
Hospital Preference: _____

List any allergies/medical problems, including those requiring maintenance medication (i.e. diabetes, asthma, seizure disorder)

Medical Diagnosis: _____
Medication: _____ Dosage: _____ Frequency of Dosage: _____

Please use separate sheet of paper if other Medical Conditions warrant attention. The purpose of this information is to ensure that medical personnel have details of any medical problems that may interfere with or alter treatment.

Date of Last Tetanus Toxoid Booster: _____

I know that participation in baseball may result in injuries and that protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify and agree to hold harmless Tanque Verde Little League, Little League Baseball, Inc. the organizers, sponsors, supervisors, participants and persons transporting my child to and from activities, for any claim arising out of any injury to my child whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance.

PARENT/GUARDIAN SIGNATURE: _____ Date: _____

TANQUE VERDE LITTLE LEAGUE
ATTN: REGISTRATION
8987 E. TANQUE VERDE #309-325
TUCSON, AZ 85749
(520) 235-4759

Official Use Only, Do NOT Complete			
Amount Due: \$ _____	Amount Paid: \$ _____	(cash / check / credit card)	Initials: _____
BB ___ SB ___ DIVISION: _____	TEAM: _____	SEASON: _____	