



BULVERDE LITTLE LEAGUE

President: Steve Yosko

IF PLAYER DOES NOT TRYOUT THEY ARE NOT ELIGIBLE FOR ALL STARS

In order to be eligible for Allstars you must provide proof of residency dated before February 1, 2011

PLEASE PRINT FIRMLY AND LEGIBLY

	M/F		DATE OF BIRTH	MM/DD/YYYY
NAME	LAST	FIRST AND M.I.	NICKNAME	
ADDRESS	NO P.O. BOXES			
	CITY	STATE	ZIP	
PHONE		SCHOOL		
CELL		SEASON LAST PLAYED		
PREVIOUS LEAGUE		PREVIOUS DIVISION		

MEDICAL INFORMATION

DOCTOR NAME		PHONE	
ANY ALLERGIES OR MEDICAL RESTRICTIONS?			
EMERGENCY CONTACT		PHONE	

PARENT INFORMATION

MOTHER'S NAME		PHONE	
OCCUPATION		CELL	
EMAIL			
FATHER'S NAME		PHONE	
OCCUPATION		CELL	
EMAIL			

VOLUNTEER INFORMATION

UMPIRE	MANAGER	COACH
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SCOREKEEPER	TEAM PARENT	NONE AT THIS TIME
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SPONSOR INFORMATION

YES, I WOULD LIKE TO BE A SPONSOR.
PLEASE CONTACT ME

PHONE NUMBER: _____

GIRLS FAST-PITCH SOFTBALL

player's age on
December 31
2010

BASEBALL

PLAYER'S AGE ON
APRIL 30TH,
2011

(BIRTH CERTIFICATE REQUIRED)

Verified by: _____

- T-Ball
- Machine Pitch
- Minor (girls)
- Minor (boys)
- Major (girls)
- Major (boys)
- Junior (girls)
- Junior (boys)
- Senior (girls)
- Senior (boys)
- Big League

DO NOT WRITE IN THIS BOX - LEAGUE USE ONLY

REQUIRES TRYOUTS

REGISTRATION

DONATION

ADDITIONAL REGISTRATIONS

TOTAL

CASH CHECK # _____

RECEIVED BY: _____

CIRCLE PLAYER'S SHIRT SIZE:

small med LARGE X-LARGE Adult sm

Adult med Adult Large Adult xlarge

ADDITIONAL CHILDREN FROM HOUSEHOLD REGISTERING IN BULVERDE LITTLE LEAGUE

NAME	D.O.B.
NAME	D.O.B.
NAME	D.O.B.

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the Bulverde Little League, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with baseball and in consideration for the Bulverde Little League, accepting the registrant for its baseball programs and activities ("the programs"), I hereby release, discharge and/or otherwise indemnify the Bulverde Little League, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of the fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

As the parent or legal guardian of the above-named player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

NAME	SIGNATURE		
ADDRESS	CITY	STATE	ZIP
PHONE	DATE		