

Frontier Little League FALL BALL Registration

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 coach or manager, please complete separate Manager/Coach Application)

MOTHER'S Last Name: _____ **First:** _____ **Phone:** _____
Mother's Employer: _____ **Phone:** _____ **Cell Phone:** _____
Mother will help with: **TEAM** **LEAGUE** **UMPIRE** **HOW?** _____
 (If coach or manager, please complete separate Manager/Coach 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 the back of this form 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 Frontier 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:** _____

FRONTIER LITTLE LEAGUE
 2832 N. Torino Avenue
 ATTN: REGISTRATION
 TUCSON, AZ 85712
 www.frontierll.org

Official Use Only, Do NOT Complete			
Amount Due: \$ 50	Amount Paid: \$	cash / check /	Initials
BB	SB	DIVISION	TEAM
		SEASON	