

Frontier Little League Registration/Medical Form

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
832 N. Desert Ave.
ATTN: REGISTRATION
TUCSON, AZ 85711
www.frontierll.org

Official Use Only, Do NOT Complete

Amount Due: \$ _____ Amount Paid: \$ _____ cash / check / _____ Initials: _____
BB ___ SB ___ DIVISION: _____ TEAM: _____ SEASON: _____