

<b>League Use Only</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>	<b>13</b>	<b>14</b>	Member Number: -
Total Players Registered In Family:	Other Member Numbers:			#	#	#					Birth Certificate Number:

**Central Springfield Little League**  
**2009 FALL REGISTRATION FORM**  
*(Please be sure to complete both sides of the form.)*

<b>PLAYER INFORMATION</b>											
Last Name:			First Name:			MI:	Nickname:			Sex: M F	
Address: <i>Street City State Zip:</i>											
<i>Sub-Division:</i>				<i>School</i>				<i>Birthdate: (mm/dd/yyyy)</i>			
<b>PLAYER EXPERIENCE</b>											
Total Playing Seasons:		Last Playing Level:		None	Tee-Ball	Pitch Machine	AA(ML-2)	AAA(ML-1)	Majors		
Previous Spring Season:		(a) Played in CSLL: (yes) (no) (b) Other: (Level & Location):									
Primary Playing Position:						Secondary Playing Position:					
<b>COMMUNICATION INFORMATION</b>											
Player's Home Phone No.:				Emergency Contact (Name):				Emergency Phone No.:			
Father's Name:		<i>Last First</i>		<i>Home Phone</i>				<i>Work Phone</i>			
Mother's Name:		<i>Last First</i>		<i>Home Phone</i>				<i>Work Phone</i>			
E-Mail		<i>Father's E-mail</i>				<i>Mother's E-mail</i>					
<b>REGISTRATION PREFERENCES/OPTIONS</b>											
I wish to exercise a brother/sister option: (No) (Yes) If "Yes," list name of other player:											
Request player be restricted to: (None) (Tee Ball) (Pitch Machine) (AA or ML-2) (AAA or ML-1)											
Briefly state reason for restriction:											
<b>PARENT/GUARDIAN VOLUNTEER INFORMATION</b>											
Occupational Skills:		Father:					Mother:				
CSLL is an all-volunteer organization totally dependent upon its membership to fill the following key positions. Please indicate which positions and/or functional areas where you would be willing to volunteer your services:											
___ Manager		___ Coach		___ Practice Coach		___ Umpire		___ Scorekeeper		___ Team Parent	
___ Team Safety		___ Field Maintenance		___ Concession Stand		___ Website		___ Fundraising			

PARENT CERTIFICATION: The above player information is correct to the best of my knowledge and I have read and understand the affidavit printed on the reverse side of this Registration Form. Further, I understand that if the player's legal address should change, I will notify the CSLL Player Agent or Secretary within 30 days of the address change.

\_\_\_\_\_  
*Signature of Parent/Guardian*                      *Date*

# CENTRAL SPRINGFIELD LITTLE LEAGUE

## 2009 Medical Information and Emergency Authorization

### (Medical Information & Emergency Authorization)

<b>PLAYER INFORMATION</b>	
Full Name:  <div style="display: flex; justify-content: space-around; font-size: small;"> <span>(Last)</span> <span>(First)</span> <span>(MI)</span> </div>	Player No.:
<b>MEDICAL INFORMATION</b>	
Allergies:	
Medication (Routine):	
Special Instructions (If Any):	
<b>EMERGENCY INFORMATION</b>	
Emergency Contact (Name/Relation)	Emergency Contact (Phone No.)
Physician Name	Physician's Phone No.
Insurance Provider	Policy/Identification No.
Insurance Subscriber's Name	Subscriber's Place of Work
<b>EMERGENCY AUTHORIZATION</b>	
<p>Part A: I hereby authorize any physician member of the Department of Emergency Medicine of Commonwealth Hospital, The Fairfax Hospital, Access, or the Mount Vernon Hospital and/or any member of the medical staffs of the listed hospitals requested by the Department of Emergency Medicine physician to render medical treatment, which in his/her judgment may be deemed necessary in the care of _____.</p> <p style="text-align: center;">(Player's Name)</p> <p>Part B: The manager and/or coach have my permission to call my physician or another in an emergency when my physician or I cannot be contacted. By law, a parent cannot consent in advance to any and all manner of emergency care, the attending physician may defer treatment pending a parent's permission to administer such care.</p>	
_____ Parent/Guardian Signature	_____ Date