

League Use Only	4	5	6	7	8	9	10	11	12	13	14	15	16	Total Players Registered In Family:
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**Central Springfield Little League
2011 FALL REGISTRATION FORM**

(Please be sure to complete both sides of the form.)

PLAYER INFORMATION													
Last Name:			First Name:				MI:	Nickname:			Sex: M F		
Address:											Zip:		
<i>Street</i>					<i>City</i>				<i>State</i>				
<i>Sub-Division:</i>				<i>School</i>				<i>Birthdate: (mm/dd/yyyy)</i>					
PLAYER EXPERIENCE													
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:						
COMMUNICATION INFORMATION													
Player's Home Phone No.:					Emergency Contact (Name):					Emergency Phone No.:			
Father's Name:	<i>Last</i>		<i>First</i>		<i>Home Phone</i>			<i>Work Phone</i>			<i>E-mail</i>		
Father's Emails:		Home:					Work:						
Mother's Name:	<i>Last</i>		<i>First</i>		<i>Home Phone</i>			<i>Work Phone</i>			<i>E-mail</i>		
Mother's Emails:		Home:					Work:						
REGISTRATION PREFERENCES/OPTIONS													
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:													
PARENT/GUARDIAN VOLUNTEER INFORMATION													
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

2011 Medical Information and Emergency Authorization

(Medical Information & Emergency Authorization)

<i>PLAYER INFORMATION</i>	
Full Name: <div style="display: flex; justify-content: space-around; font-size: small;"> (Last) (First) (MI) </div>	Player No.:
<i>MEDICAL INFORMATION</i>	
Allergies:	
Medication (Routine):	
Special Instructions (If Any):	
<i>EMERGENCY INFORMATION</i>	
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
<i>EMERGENCY AUTHORIZATION</i>	
<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