

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

## **2008 FUN TOURNAMENT REGISTRATION FORM**

**Central Springfield Little League, Inc.**

**P. O. Box 334**

**Springfield, VA 22150**

(Please type or press hard with a ball-point pen.)

<b>PLAYER INFORMATION</b>						
Last Name:	First Name:	MI:	Nickname:	Sex: M F		
Address:				State:		Zip:
<i>Street</i>		<i>City</i>		<i>State</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</i>	<i>First</i>	<i>Home Phone</i>	<i>Work Phone</i>	<i>E-mail</i>	
Mother's Name:	<i>Last</i>	<i>First</i>	<i>Home Phone</i>	<i>Work Phone</i>	<i>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	___ Scorekeeper	___ Team Parent		
___ Team Safety	___ Umpire	___ Team Bat-A-Thon	___ Field Maintenance	___ Concession Stand		

**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, INC.  
(Medical Information & Emergency Authorization)**

<b><i>PLAYER INFORMATION</i></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><i>MEDICAL INFORMATION</i></b>	
Allergies: None	
Medication (Routine):	
Special Instructions (If Any):	
<b><i>EMERGENCY INFORMATION</i></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><i>EMERGENCY AUTHORIZATION</i></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 _____ <div style="text-align: center; margin-left: 200px;">(Player's Name)</div></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