



Pacifica National Little League
 2012 Registration Form
 www.pacificanationallittleleague.org

League Use ONLY	Amount Collected
Family Single	Check #

Registration Fees:

Little League – Early Bird By Dec. 31: \$130 (single), \$240 (2 siblings), and \$290. (3 or more siblings)
 After Dec. 31: \$150 (single), \$260 (2 siblings), and \$300 (3 or more siblings)

Juniors – \$150 per registration (no Early Bird rates, season starts in April)

Please submit to:

**Pacifica National Little League
 P.O. Box 1163
 Pacifica, CA 94044**

(A league representative will be contacting you once teams are established.)

Player Information: (PLEASE PRINT)

First Name	Last Name	Gender (circle one) Male Female
Address		City and Zip Code
Home Phone	Date of Birth (mm/dd/yyyy)	League Age (Age on April 30, 2012)

Registering for:

- T-Ball (5-6 yrs) Majors (9-12 yrs)
 AA (7-8 yrs) Juniors (13-14 yrs)
 Minors (9-10 yrs) Seniors (15-16 yrs)

Previous Baseball Experience Yes No

Parent/Guardian 1		Parent/Guardian 2	
Name		Name	
Address		Address	
City/Zip		City/Zip	
Home Phone	Work Phone	Home Phone	Work Phone
Occupation		Occupation	
Email Address		Email Address	
I can volunteer in the following capacity (circle): Coach/Assistant Coach Team Parent (MUST complete 2012 Volunteer Application for background check)		I can volunteer in the following capacity (circle): Coach/Assistant Coach Team Parent (MUST complete 2012 Volunteer Application for background check)	

Emergency Contact:	Phone
Emergency Contact:	Phone
Family Physician:	Hospital Name
Insurance Company	Policy Number
Medical Conditions: (INCLUDE ALLERGIES, DIABETIES, ASTHMA, ETC)	

Please Read: In case of emergency, if family physician cannot be reached I hereby authorize my child to be treated by certified emergency personnel (IE. EMT, First Responder, ER Physician, etc) the purpose of the above information is to ensure that medical personnel have details of any medical problem that may interfere with, or alter treatment.

Parent/Guardian Signature _____ Date: _____



Little League. Baseball and Softball M E D I C A L R E L E A S E



NOTE: To be carried by any Regular Season or Tournament Team Manager together with team roster or eligibility affidavit.

Player: _____ Date of Birth: _____ Gender (M/F): _____

Parent (s)/Guardian Name: _____ Relationship: _____

Parent (s)/Guardian Name: _____ Relationship: _____

Player's Address: _____ City: _____ State/Country: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

PARENT OR GUARDIAN AUTHORIZATION:

In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel. (i.e. EMT, First Responder, E.R. Physician)

Family Physician: _____ Phone: _____

Address: _____ City: _____ State/Country: _____

Hospital Preference: _____

Parent Insurance Co: _____ Policy No.: _____ Group ID#: _____

League Insurance Co: _____ Policy No.: _____ League/Group ID#: _____

If parent(s)/guardian cannot be reached in case of emergency, contact:

Name	Phone	Relationship to Player

Name	Phone	Relationship to Player

Please list any allergies/medical problems, including those requiring maintenance medication. (i.e. Diabetic, Asthma, Seizure Disorder)

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

Date of last Tetanus Toxoid Booster: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

Mr./Mrs./Ms. _____
Authorized Parent/Guardian Signature Date: _____

FOR LEAGUE USE ONLY:

League Name: _____ League ID: _____

Division: _____ Team: _____ Date: _____

WARNING: PROTECTIVE EQUIPMENT CANNOT PREVENT ALL INJURIES A PLAYER MIGHT RECEIVE WHILE PARTICIPATING IN BASEBALL/SOFTBALL.
Little League does not limit participation in its activities on the basis of disability, race, color, creed, national origin, gender, sexual preference or religious preference.